

The China Medical Missionary Journal

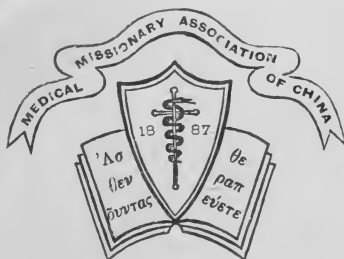
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VOL. VIII.

MARCH, 1894.

No. 1.

Original Communications.

[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editor on the first day of the month preceding that in which they are expected to appear. A complimentary edition of a dozen reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompany the paper.]

A MODERN CHINESE ANATOMIST.

By JOHN DUDGEON, M.D., *Imperial Maritime Customs, Peking.*

(Continued.)

Discourse on the Brain Marrow.

Man's power of contrivance and memory lie not in the heart but in the brain. I have no wish to assert this doctrine and even if I do I know that nobody will believe me. If I do not, however, speak there are many diseases whose origin cannot be known, so I cannot but speak out. Not only do the medical books assert that memory and mind come from the heart but the learned, in treating of reason, virtue and conscience, all say that intelligence and memory are located in the heart, because at the beginning people did not know what the heart governed; they knew that it lay in the chest; they did not know that at the two sides of the larynx and gullet there are two air vessels, which at the front of the lungs unite to form one vessel which enters the heart; then goes out of the left side of the heart, passes the lungs and enters the spine. This is the *wei-tsung* vessel. In front it connects with the *ch'i-fu* and spermatic road; behind with the spine; above with the two shoulders; in the middle with the two kidneys, and below with the two lower extremities. This is the vessel that preserves the original or vital air and juices. This air goes out and in the heart; how then can the heart produce mind and store up memory? Why do I say that these mental qualities are in the brain, because food and water produce air and blood which grows the flesh; the pure delicate juice is converted into marrow which advances by the spine and so up to the brain and therefore is called *nao-sui* 腦髓 (brain marrow). That which contains the brain marrow is called the *sui-hai* 髓海 (the marrow sea); the top bone is called the *t'ien-ling-kai* 天靈蓋 (the cranium); the two ears communicate with the brain; the sounds we hear go to the brain. When the brain air is weak the brain is small; the brain and

ear air fail to connect, so there is resulting deafness arising from weakness; if anything obstructs the road between the ear and brain then there is complete deafness. The two eyes grow out from the brain; the two optic cords, like threads, are produced from the brain, so that things seen go to the brain. The pupil (*tung-jen* 瞳人) is of a white colour, because the brain juice fills it below and is called the brain juice entering the eye.* The nose also communicates with the brain and so odours go to the brain. If the brain suffers by either wind or heat from the nose the mucus and fœtid secretion flow out, and this is called brain fistula (*nao-lou* 腦漏). When we look at a little child at birth whose brain is not completely formed, the anterior fontanelle (*hsing-mên* 顙門) is weak; the eyes do not move actively; the ear does not hear; the nose does not smell; the tongue does not speak. After a year the brain begins to develop; the fontanelle fills up; the ear hears a little; the eyes move a little intelligently; the nose smells a little and knows the difference between what is fragrant and disagreeable; the tongue can speak one or two words. Advancing up to three or four years of age the brain becomes full; the fontanelle becomes completely closed; the ears can hear; the eyes can move and see; the nose can distinguish smells; the tongue can speak, and that children have no memory is because their brains are not completely formed. Old people's memory fails because the brain becomes hollow, in other words the brain matter becomes less. Li Shih-chên (李時珍) says that the brain is the residence of the original spirit; Chin Chêng-hsi (金正希) says that man's memory lies in his brain; Wang Jin-an (汪訥菴) says that when one wishes to remember or recall a past action he shuts his eyes, throws up his head and thinks; all which proves, in my opinion, that memory is located in the brain. If the brain is deprived for any period say two hours of air, there is not only no mind but there is death during that period; if one is half an hour without air one is dead for the same period; so there is epilepsy, which is caused by the original air not reaching the brain for that period; in convulsions the patient is alive, but the brain is dead; he is alive because the abdomen contains air and therefore the four extremities move. The brain is dead when it is deprived of air and therefore the ear is deaf, the eyes turn up like a dead person; there is a scream emitted before the convulsive attack, because there is no air in the brain and the chest air is confined and does not go out and in harmoniously, and being compressed there is the loud scream. During the convulsion there is a low groaning in the chest, because the saliva (*chin-ye* 津液) is in the air vessels; the mind of the brain cannot control the swal-

* This is doubtless the aqueous humour of the anterior chamber of the eye called white, much in the same way as they say *pai-k'ai-shui* (白開水), meaning white or clear boiling water. The Chinese idea is similar to our own and that of the Hebrews—the pupil or little man of the eye. How comes the curious expression 'apple of the eye' which seems devoid of any meaning? What more appropriate than the pupil of the eye?

lowing or vomiting of the saliva and so it remains stored up in the air vessels and this causes this peculiar sound called *lu-lu* (漚漚). After the convulsion there is headache and drowsiness, which although the air now circulates in the brain, is insufficient; in the child that is long ill the original air is weak and thus they are subject to convulsions. Grown up people are sometimes suddenly deprived of their senses (as in apoplexy for example); this is because the brain has no air, so the affected person does not recognise anything and is like a dead person. According to these investigations, does it not prove that the intelligence of man is situated in the brain?

Discourse on the Air, Blood and Pulse.

In regard to the nature of the pulse, what I inform posterity is the truth; if there are those who speak or write not according to what they know, or believe and assert themselves to be genii and do not conscientiously discourse of things, they must suffer punishments at the hands of Heaven. The *c'hi-fu* stores air; the *hsieh-fu* stores blood; the air from the *c'hi-fu* which comes from the *wei-tsung* vessel passes through the whole body whence the name; the *jung-tsung* (榮總管) vessel from the *hsieh-fu* travels all through the body and hence its name. The *wei-tsung* vessel is thick and coarse; it lies in front of the spine, connects with it and is distributed to the head, face and four extremities. That which lies close to the tendons and bones throughout the body is the air vessel. The *jung-tsung* vessel is thin. Lantse says in the *Tao-teh-king*, man's blood is the *jung*, the air is the *wei*. The *Nei-ching* says when the *wei* does not move the five viscera are not pervious and delicate and lies in front of and communicates with the *wei-tsung* vessel and is distributed to the head, face and four extremities and lies close to the skin and muscles and out of which arise the blood vessels of the whole body. The air in the *c'hi-fu* goes out and in. The exit and ingress are the expiration and inspiration; the eyes see, the ears hear, the head rotates, the body moves, the hand grasps, the feet walk, are one and all owing to the *ling-chi* (靈機) pressing the air to circulate; it percolates out of the vessel and grows the flesh; the air vessels lie near the tendons and bones and therefore concealed in the inside and so difficult to see; the blood vessels lie near the skin and flesh and appear externally and are therefore easily discernible. The air moves in the air vessels and thus the vessels move; the blood vessels store the blood and do not move. When the vessels of the head, face and limbs are pressed, they pulsate; this is owing to the air not to the blood. In the hollow called the *tai-yang* (太陽 the temple), behind the superciliary ridge, there is only skin and bone, little flesh, and hence the air pulsating is distinctly felt in the head and face air vessel. In the foot between the large and second toe there is a pulse on account of there being little flesh there and

the skin connects with the bone and communicates with the two air vessels of the foot. In the two hands above the transverse wrinkles on the high bone (on the radius at the wrist), the flesh is small and the skin lies on the bone and so it pulsates and connects with the two air vessels of the arm. The air vessels are large and small, straight and crooked; every person is not the same; below the elbow, near the carpus, the flesh is thick, the superficial air vessels are short; if the flesh be thin the vessels appear long. For example if we come under the influence of the external air and it enters the vessels, these vessels become large, and on pressure they feel high or elevated; if cold gets admittance the *chin-ye* coagulates and then the air becomes obstructed and the pulse necessarily slow; if fire (inflammation) enters the *c'hi-kwan* the pulse moves quickly; if a person is robust the *thievish* or deflected air from the outside excessive, the air in the vessels great, the pulse becomes very strong. On the other hand if man is weak, the perfect or original air insufficient and the air in the vessels inadequate, then the pulse becomes small and without strength; if a person is sick for a long time, and there is no hope of recovery, the original air little, the air travels to the head and upper extremities but does not descend to the lower parts so that there is no pulse in the face of the foot; if the pulse in the air vessels of two wrists is small like a thread or a very little movement or no movement or intermittent it indicates that the air is nearly exhausted. The air vessels in man therefore from birth to death are all different; they are large, small, straight or crooked. Their length or shortness varies according to the thickness or thinness of the flesh at the wrist. If you press it you will find whether it is large or small by its being weak or strong. When it pulsates quickly and slowly it is owing to fire and cold respectively.

What I have said above relates to the pulse, although I have not once mentioned the word (*i.e.* in the Chinese text), only spoken of movement, because the ancients did not know that there were right and left air doors, air and blood residences, *wei* and *jung-tsung* vessels, a *chin-mên* and *chin-kwan*, the *tsung-ti* covering the food and the *lung* (龍管) or exit water vessel. All these parts are in the abdomen and have their functions, of which the ancients were altogether ignorant. The ancients discoursed on the viscera and pericardium but did not know what they were, neither did they determine the *ching-lo* (經絡) and the *san-chiao* (三焦) three divisions and they could not tell whether the *ching-lo* were air or blood vessels. In discoursing on the pulse they said it was the 'blood residence' and communicated with the whole body, so that according to them the pulse vessels are blood vessels and contain air and blood circulating round and round. According to the ancients blood-flowing-discourse, if the blood of one part can flow to another part, the other part must have a hole or

receptacle for receiving it, but if there be a hollow empty place anywhere then the blood is insufficient, and if there be no empty place whither does the blood flow? The ancients did not know that the pulse was the air vessels, although they discoursed on a great variety of pulses and their positions in which every man was different. They said there were 27 characters or sorts and I dare not say they were wrong in their doctrine of the pulse, not because they have not a leg to stand upon (in Chinese no footing for their views) but because posterity in their treatment of disease would have no doctrine of the pulse to go upon. By feeling the pulse and knowing whether a person is going to live or die is easy, but to decide on the disease is difficult. In curing disease according to important methods the difference between blood and air must be distinguished, whether it is derived from without or set up from within and wish to know at the very beginning, if the disease can injure the individual, what things cannot injure the viscera cannot injure the tendons, and bones cannot injure the skin and flesh; these things that injure must be either blood or air; we cannot escape from these two causes. The air is either weak or strong (*hsü* 虛 or *shih* 實); the latter is the deflected or outside air, the former is its own original weakness. If the air is weak it must be of the order of the hemiplegic diseases, of which there are forty different sorts; of infantile convulsions there are twenty sorts which all belong to the weak diseases. According as diseases arise from weakness of air, our blood is either *kwei* 血虧 (little or impoverished) or *ü* (瘀), i.e. coagulated and must be owing to some cause; the former is owing to hæmoptysis, or spitting coloured phlegm coloured with blood, or hæmaturia, or bloody stools, or injury somewhere and blood escapes, or menorrhagia (*péng-low* 崩漏), or post partum hæmorrhage and much blood is lost and so greatly injured. These are blood *kwei* diseases. Of diseases depending on the blood *ü* we have further on mentioned fifty sorts, but if the blood in the 'blood residence' is coagulated and not movable and therefore difficult to distinguish the blood in the 'blood residence' and coagulated blood as for example in diseases that are feverish for half the afternoon and still worse during the first part of the night; the morning lighter and in the forenoon no fever, this is owing to be coagulated blood in the 'blood residence.' When the coagulated blood becomes lighter the diseases do not divide into four portions and the feverishness comes at one time before and after sunset and still lighter only at one time, both inside and outside are hot. After mid-day the body is cold and there is a short period of heat. This condition is owing to insufficiency of the air and ginseng and *hwang-chi* 黃芪 (*astragalus hwang-chi*) must be used, if at sunrise the body is not hot and then hot for a little, ginseng and *fu-tse* 附子 (tuberous roots of *Aconitum Fischeri*) are the remedies and they must not all be mixed up together.

Discourse on the absence of Blood in the Heart.

I have a friend called Hsieh Wên-hwang (薛文煌), whose designation is Lang Chai (朗齋), a native of T'ung-chow, who has also studied medicine. Before proceeding to Shantung in the 2nd moon of the 10th year of Tao-kwang, 1830, he came to pay me a parting visit and we talked upon the root and origin of the blood of man. The ancients said the heart produces blood and the spleen moves and directs the blood and others state the opposite, but who knows which is correct? According to my idea neither is correct. I say that the blood is the delicate juice which enters the 'blood residence' where it is converted into blood. The heart is simply the out and ingoing air road and there is no blood inside it. *Lang Chai* opposed my view. He said the hearts of animals contained blood, why is it that man's contains none? I replied by asking him what animals' hearts contained blood? And he replied that in ancient prescriptions there is mentioned the *sui-sin-tan* (遂心丹), pills taken to cure madness. These pills are made of a species of *Wickstræmia* (*kan-sui* 甘遂) ground to powder and mixed with pig's heart's blood and thereof the pills are made, and is this not proof that the pig's heart contains blood? I replied that this was an error of the ancients; it was pig's blood but not out of the heart. When the heart is cut with a knife the blood in the heart comes from the cut walls of the chest, and if the heart be not cut there is no blood within it. I have seen numerous cases of this. I have seen an enormous number of sheep killed; they cut the neck and not the heart (as in the pig.) The sheep's heart contained no blood. He said if you do not cut the heart how is it the sheep dies so quickly? I replied, the blood in the chest walls is great and flows out rapidly at the moment of cutting and afterwards all the (systemic) blood of the body flows to the walls of the chest and afterwards it flows slowly. When the blood has all flowed out the air is dispersed, and the animal dies. For example two persons fight, one injures the other, and loses much blood; the air is dispersed and the blood flows away in quantity. The injured person goes into convulsions, which the ancients called *pò-shang-fêng* (破傷風), lacerated wound air=traumatic tetanus, and they used the *san-fêng* (散風) to cure it, and the person died all the more rapidly. The ancients therefore in trying to cure one killed two; they killed the injured person and the injurer was killed in consequence. If they had understood the doctrine of the dispersing of the air and blood they would not have had recourse to the *san-fêng* remedy but to *hwang-chi* and *tang-shen*, the root of an umbellifer (黨參) as tonics to the air, and if they had cured the injured individual they would have saved two lives. When *Lang Chai* heard this he nodded his head and departed.

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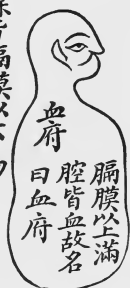
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Preface to his Prescriptions.

I have not discoursed on the *San-chiau*, the *three divisions*, because I do not believe in such. On the outside the body is divided into the head, face and four extremities and the blood vessels of the whole body are inside. The diaphragm divides the trunk into an upper and lower portion; above is the heart, lung, larynx, pharynx and 'right and left air doors'; all the remainder are situated below the midriff. . . . This book is not a complete one for the cure of disease. For diseases one had better consult *Wang-k'en-tang's* (王肯堂) work entitled *Ch'ing-chi-chun-sh'eng* (證治準繩), and if you wish to consult prescriptions the reader should look into *Chow-t'ing* (周宅) and *Wang-chu-sun's* (王朱繡) *P'u-chi-fang* (普濟方).

If you want to investigate the nature and properties of drugs take *Li-shih-chên's Pen-t'sao* (Great Herbal). These three books are the origin and root of the medical faculty. One must read them and remember them. Outside these works now specified there is the *I-tsung-chin-chien* (醫宗金鑑) of our dynasty; the rationale given of disease and its prescriptions are good, and *Wu-yen-k'o's* (吳又可) book on Epidemic Fevers, and as for the remaining celebrated doctors, although they have not seen man's viscera, their methods of producing diaphoresis and their tonic and cathartic prescriptions produce good results.

Although I have written this book I cannot say that I have produced a work. My sole object has been to correct some errors of the ancients, and I have noted a number of prescriptions in the latter half of my book in order that a little of the order of medicine may be understood. My book is not in any sense complete. If persons do not read and study books and think by reading mine to have sufficient knowledge, that is not my fault but their own.

Explanation of the Diagrams.

The first twelve illustrations are those given by the ancients. Our author gives thirteen of his own.

According to the ancients the lungs have six lobes and two small ears or lobules, in all eight; that the large intestines have the *lan-mên* (ileo cæcal valve) above and the *kang-mên* (anus) below; that the stomach has the *pên-men* (cardiac orifice) above and the *yen-men* (pylorus) below; that the small intestines have the pylorus above and the *lan-mên* below; that the mouth of the bladder is the meatus urinarius (*niao-k'ung* 溺孔); that the gall bladder is situated in the short lobe of the liver and that the liver has three lobes on the left and four on the right, in all seven; that there are the three chiao, or divisions—upper, middle and lower; that the pericardium surrounds the heart and that out of the heart issue three pairs, *san-man* (vessels?) one each going to the kidneys, the liver and the spleen.

I saw them thus as the result of examining a great many viscera :—The two vessels called the ‘right and left air doors’ unite to form one vessel which enters the heart and from the left side turns horizontally, and behind connects with the *wei-tsung* vessel (the all embracing or protecting vessel). The heart is placed below the air vessel, not below the lung vessel. The heart and the lobes of the lungs above are on the same level. The lung vessel divides into two branches which enter the two lobes of the lungs and go to the very bottom of them, and these vessels have joints (cartilaginous rings). The lungs contain very light white mucus or froth like bean curd. The large faces of the two large lobes are directed backwards; the small face is directed to the chest; above are four peaks (apices), also directed to the chest; below there is a small piece, also directed to the chest. The outer skin of the lungs has no openings; there are, therefore, not twenty-four holes for the passage of the air as the ancients say.

Above the *k'o-moh* diaphragm are only the lungs, heart and the two air doors right and left and nothing else. Above the diaphragm the chest is full of blood and hence called *hsieh-fu*, the ‘blood reservoir.’ All other things are below the diaphragm. The diaphragm is the partition between things above and below.

The liver has four lobes. The gall bladder is situated below the second lobe on the right side (*Lobus Quadratus*.)

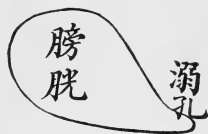
The *tsung-ti* lies above the stomach, the liver is above the *tsung-ti*. The large face is directed upwards; behind it is connected into the spine. The body of the liver is solid and strong and cannot be compared with the intestines, stomach and bladder and therefore cannot contain blood (the ancients say the liver stores blood).

The upper mouth of the stomach is called the *pên-men* and lies right in the middle of the upper part of this organ; the *zen-mên* lies also at the upper part of the stomach but on the right side. An inch to the left of the *yen-mên* is the *chin-mên*; inside the stomach to the left of the *chin-mên* is a tubercle called the *cho-shih*; on the outside of the stomach on the left of the *chin-mên* is the *tsung-ti* and the liver is attached to it above. The stomach lies in the abdomen, lying quite flat in the lung direction; the upper mouth is directed to the back, the lower mouth to the right; its base is directed to the abdomen and is connected with the outgoing water road.

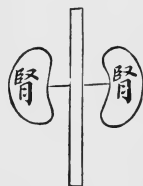
In the middle of the spleen is a vessel called the *lung* vessel (a perforated gem in the form of a dragon), full of perforations which permits of water passing freely out, hence called *lung-kwan*. The vessels of the spleen and stomach enter together the spleen, in the middle is the *lung* vessel. I have in addition drawn the *lung* vessel, because it is the outgoing water road, in order that the student may clearly understand it. The *lung* vessel divides on



膽附于肝之短葉



肝左三葉右四葉凡七葉



此左右兩管通兩肱膊

此十二短管通脊骨

此左右兩管通兩腎

此左右兩管通兩腿

衛總管

由此灣

處接心

左所出

之管

此係衛總管即氣管俗名腰管

此細管係榮總管即血管

榮總管由此灣處入血府

上一管 下一管

通氣府 通精道

both sides into outgoing water roads; the water percolates from the heart (spleen?) and enters the bladder and becomes urine. In the middle of the outgoing water vessels there are *returning* (curious expression!) blood vessels, the remainder are all water vessels.

The *c'hi-fu* popularly called *chi-kwan-yen* (雞冠油 cock's comb oil) covers by its lower border the small intestines. Inside the *c'hi-fu* and outside the small intestines is stored the original or primordial air of man (*tan-tien* 丹田). This original air is the solvent of the food (by entering the spleen and causing it to move on the stomach); man's vital force is here conserved.

The upper mouth of the large intestines is the lower mouth of the small intestines, and is called *lan-mě'n* (ileo-cæcal valve) and the lower door of the large bowels is called *kang-mě'n* (anus.)

The bladder has a lower but no upper mouth and the lower door is connected with the *ching* 莖 (penis). The lower opening of the seminal road *ching-tao* (精道) enters the *ching* (莖). The seminal road in the female is called the uterus. The seminal road connects above with the *wei-tsung* vessel and the spine.

In the hollow of the two kidneys are two air vessels connected with the two sides of the *wei-tsung-kwan*. The body of the kidney is solid and strong and inside are no openings and therefore cannot store semen as the ancients said.

The white piece at the back of the tongue is called *hwei-yen* and covers 'right and left air doors' and the *how-mě'n* (larynx).

The *wei-tsung* vessel connects with the vessel coming out of the left side of the heart. This is the *wei-tsung* vessel, that is, air vessel and popularly called *yao* (lumbar) vessel (descending aorta). The slender vessel is the *jung-tsung* vessel which is a blood vessel. This *jung-tsung* vessel at the curvature (of the aorta) enters the *hsieh-fu*. The upper of the two middle branches connects with the *c'hi-fu*, the lower with the seminal road. At the upper part there are two vessels going to the right and left arms. Other two vessels, right and left, enter the kidneys; the two lower ones the lower extremities. The eleven short vessels enter the spine.

The ancients said that the *ching-lo* were blood vessels, that in the outside of each viscus there were two roots; except the bladder which had four branches. I saw in the course of my examinations over 100 viscera and I found no such vessels emerging from them and so I have drawn the diagrams exhibiting this.

Remarks.—The fundamental error as already noted, into which our author falls, is his mistaking the arteries for air vessels. What he therefore calls his 'right and left air doors' are nothing else than the right and left common carotids which arise from the arch of the aorta, the right springing from the *arteria innominata* and the left direct from the transverse portion of the arch

of the aorta. According to Wang's view these two vessels unite with the trachea between them to form one vessel which enters the heart; this is the aorta which issues out of the left ventricle or as he says the left side of the heart and inclines horizontally backwards and unites with the *wei-tsung* vessel which is the descending aorta. This is the term for the arteries in general and has precisely the same meaning as originally attached to artery, viz., air vessel. He does not explain how the vessel entering the heart and rising from it must be the same. He could not have confounded the pulmonary artery and aorta. His description clearly points to the aorta as entering and leaving the heart.

By the lung vessel is meant the trachea. In many Chinese drawings the trachea is made to enter the heart, instead of the lungs. Mr. Wang is perfectly correct in his view of the lung vessel and the name he gives it indicates this. It divides into two branches which enter and proceed to the bottom by the lungs. He is particular on this last point for an obvious reason.

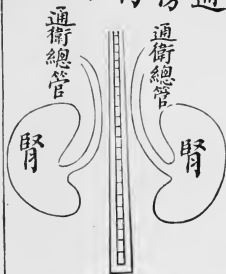
If we include the large vessels springing out of the heart, he is not far wrong in saying that the heart and upper border of the lungs are on the same level. He speaks of six lobes between the two lungs. The lungs we know have only five lobes, the right three and left two. He is right when he says that the pulmonary pleura have no holes. One of the most serious mistakes committed by the ancients was in the matter of these holes which permitted the air to circulate all over the body. He is right in saying that the liver has four lobes. He speaks of five but it is more to bring the number into harmony with the five fissures, five vessels and five ligaments, for the *lobulus caudatus* is hardly worthy of the name and at best is but the tail of the lobus.

In this we have perhaps an instance of our own addiction to the power of numbers.

The *tsung-ti* is the pancreas and may properly be said to lie above the stomach. On opening the abdomen if the liver be raised and the lesser omentum removed a part of the pancreas is seen along the lesser or upper curvature of the stomach.

The pylorus in the rough drawing is placed at the bottom of the descending portion of the duodenum, thus including the upper portion of the small intestines in the stomach. The *cho-shih* would thus become the pylorus or rather the circular or crescentic folds formed by the reduplication of the mucus membranes. The *chin-mên* becomes then from its location in the drawing either the hepatic or cystic duct formed by the union of the two common bile ducts which is made to enter the stomach on the right upper aspect and this again with the duct of the pancreas before entering the small bowel. The pancreas is not represented here with any duct and the *chin* (saliva) vessel appears to come from (or in his sense) to proceed to the gall bladder or liver. The

兩腎四處有
氣管兩根通
衛總管兩傍
腎體堅寔內
無孔竅絕不
能藏精

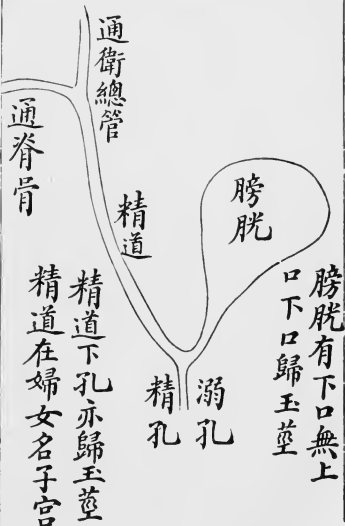


門關

門肛

大腸上即
小腸下口
名關門大
腸下口即
肛門

舌後白
片名曰
會厭乃
遮蓋左
右氣門
喉門之物



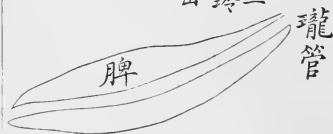
精道下孔亦歸玉莖
精道在婦女名子宮

胃府之體質上口
賁門在胃上正中
下口幽門亦在胃上
偏右幽門之左寸許
至津門胃內津門之
左有疙瘩如東名
遮食胃外津門左
名總提肝連于其
上



胃在腹是
平鋪臥長
上口向脊
下口向在
底向腹連
出水道

胃中有一
管體像玲
瓏易于出
水故名曰
玲瓏



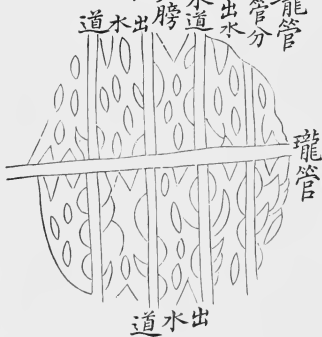
脾之長短與胃
相入于脾

氣府俗名雞冠油
下稜抱小腸氣府內
小腸外乃存元氣之
所元氣化食人身生
命之源全在于此



此係小腸外有氣府之色

中是龍管
水由龍管分
流兩邊出水
道由出水道
滲出心膀
胱為尿



出水道中
有回血管
其餘皆係
水管

lung vessel certainly refers to the hilus or vertical fissure dividing the internal surface of the spleen, indicated by a fissure running through the whole length of the organ. The drawing, however, of this vessel illustrates roughly the areolar framework of the organ with dense meshes of tissues. The explanation perhaps of the expression that from this *lung* vessel exit-water-courses proceed four in number one each side, may be considered the four branches into which the splenic artery divides, which enter the hilus of the organ and ramify through its substance. Each branch of the artery runs in the transverse axis of the organ from within outwards and gives off smaller branches. These branches in the absence of any knowledge of the arterial circulation may be considered as the exit-water-courses. The same remarks would of course hold good as applied to the veins. In the drawing which is, of course, of the roughest description, the water courses have closed ends towards the central vessel and open ends towards the circumference which seems absurd. The soft white semi-fluid albuminous substance contained in the capsules might suggest the organ as engaged in separating the water. It is altogether impossible to understand how the water percolates out of the heart and enters the bladder and becomes urine, unless we suppose by the heart that blood is meant or that the *lung* vessel, the splenic artery, connects with the descending aorta which springs out of the heart. This latter is the most natural explanation, the former pre-supposes a knowledge of physiology which the Chinese to this day do not possess. The intermediary organs—the kidneys, are of course left out of the calculation. In the diagram of the bladder no ureters are indicated.

The *c'hi-fu* is a thing of our author's own creation; it may refer to the great omentum or the mesentery, more properly the latter from the description of its appearance and from the fact that it is attached to the posterior wall of the abdomen, the place which the Chinese assume to be the origin of the primordial air.

The two air vessels of the kidneys are the renal arteries, which arise from the sides of the aorta—the author's *wei-tsung* vessel. The drawing represents them in a curved manner instead of proceeding as the renal arteries do at nearly a right angle from the aorta.

The right and left air doors are, as already stated, the common carotid arteries supposed by our author to be air vessels; the epiglottis is said to cover the two doors and also the *how* door, which is of course the known and always recognised opening to the lung vessel or trachea. There is great confusion in China regarding the *how*, whether it should be applied to the larynx or to the pharynx.

The *wei-tsung* vessel (carotid arteries) unites with the vessel coming out of the left side of the heart, that is, the aorta. It is carried to the left in an

arched form and there are two vessels, one on the right and one on the left that connect with the arms; these are the subclavian arteries. The slender or thin and delicate vessel adjoining the aorta, drawn on the left side of the diagram, is the *jung-tsung* vessel, which is a blood vessel. Particular notice is taken of this fact that this vessel contains blood. The term is applied to the veins and here refers to the inferior *vena cava*. This vessel enters the blood receptacle called *hsieh-fu*, which according to our ideas should be the right auricle. From the right side of this vessel proceed two vessels, the upper one connects with the *chi-fu*, most probably the superior mesenteric, the lower with the seminal road, most likely the spermatic arteries. The eleven short vessels which connect with the spine are the intercostals. The spinal arteries do not rise directly from the descending aorta. The descending *wei-tsung* vessel is an air vessel and popularly called the lumbar vessel; this is the descending aorta. On the left of the illustration below are two vessels which connect with the two kidneys; these are the renal arteries, the two lower ones connect with the lower extremities; these are the right and left common iliac arteries. The description of the diaphragm is tolerably correct. He makes it the *hsieh-fu*, or blood residence, holding blood on its upper surface because of its shape and probably because the blood vessels pass through it. Ignorant of the true use of the arteries, it was necessary to create some such blood reservoir. Properly speaking this blood receptacle should be the right auricle of the heart.

Our author differs from the ancients in giving the stomach three instead of two doors. His description of the position of the stomach is substantially correct. He puts the *pylorus* down in the duodenum and so brings in his third door or opening. Our so-called pylorus, according to his diagram, is the *chin-mên*. He states correctly that the *yen-mên* is situated at the upper and right side of the stomach which hardly tallies with its position in his diagram. He has completely inverted the uses of his *chin-mên* and *chin-kwan* by which he thinks the juices of the stomach proceed *from* instead of their carrying juices to the alimentary canal. The division of the *chin-kwan* outside the *chin-mên* into three divisions makes it apparent that by the *chin-mên* he means the common opening of the pancreatic and bile ducts and the three ducts of which he speaks are doubtless those of the pancreas, common bile and cystic ducts. This part was rendered difficult of investigation by reason of the pancreas covering the *chin-mên*, a part of which requires to be removed to expose the opening of its duct. Were it not that this description is so minute, one would suppose that he had transposed the characters *chin* and *yen*. From the juice coming out of the stomach, one part goes to form marrow, one part to be converted into blood and the watery juice goes to the lower division and from the centre of the liver passes over to the spleen. The *wang-yen* is doubtless

the great omentum with its cribriform appearance, giving it the character of a fish net, through which the water is supposed to percolate. Were it not that he speaks of it as a vessel, the passing from the liver to the spleen probably refers to the lesser or gastrohepatic omentum.

From its connections the pancreas may with truth be called the *tsung-ti*¹ the body that unites and suspends all. The duodenum being the widest and most fixed parts of the small intestines, it may seem to be but a prolongation of the still more dilated part called by us the stomach, although the thickened ring of the pylorus, making this the narrowest part of the whole alimentary canal, ought to have suggested some more rational limit to the stomach. A desire to be different from the ancients may have impelled him to this. The three divisions into which the *chin-kwan* divide may be pancreatic, hepatic and cystic ducts; this is on the supposition that the *chin-mên* is the mark of the pancreatic duct. This explanation it is difficult to reconcile with the description and drawing. What is meant by the lower division entering the liver and from the centre of the liver passing over to the spleen is difficult to say, unless the *chin-kwan* be the hepatic and cystic ducts.

HOW CAN THE MEDICAL WORK BE MADE MOST HELPFUL TO THE CAUSE OF THE CHURCH IN CHINA? *

By H. W. BOONE, M.D., *Shanghai.*

We come here to our work feeling that we have consecrated ourselves to the service of God. As God in His infinite mercy has granted pardon and salvation to us as we believe on Him and serve Him, so must we, each one in his own way, and to the best of his ability labor with the definite aim and object of aiding in the great work of bringing souls to Him, in gaining members for His Church on earth, in sowing the seed with diligence, with prayer and full trust and confidence that, in his own good time He will grant the increase.

Coming here, as we all do, with the desire in our hearts to act as God's servants in the great work of showing the light of the Gospel to those living in heathen darkness: How can the medical work be made most helpful to the cause of the Church in China?

There is a double purpose in the medical mission: First. We must ever keep in mind that our work of healing the sick is one of the means to an end

¹ * An address delivered before the Conference of the American P. E. Church at Shanghai, 15th Feb., 1894.

and that end is the conversion of the heathen. Second. We have spent years in qualifying ourselves by study and practice to use the means that God has placed at the disposal of man for the relief of pain and sickness, for the prevention of disease and by all and every means in our power to help every man and woman to have a sound mind in a sound body, to fit them for their share in the arduous duties which fall to the lot of every son of man.

We should be ready to afford aid to the afflicted, feeling that even if no spiritual return is ever seen we are imitating our divine Lord and Master who went about doing good. As we have a true and a heartfelt sympathy for the sick and the afflicted, as they see and feel that we are in earnest in our endeavors to do all that is in our power for them and to manage their cases wisely and well, so will they feel that in us they have friends to whom they can look with confidence.

As we gain their gratitude and confidence we shall also gain that of their families and of some of their friends and we will be enabled to overcome that distrust of the foreigner and of his motives which makes it so hard for us to approach them. There are several methods of conducting medical mission work.

1st. We have the usual hospital and dispensary work in the larger cities, where the doctor and his assistants receive patients and minister to their needs. Here we have a regular daily attendance at the hospital chapel, where the patients and their friends can be seen every day and where the clergy and catechists are sure of a congregation.

2nd. We have the dispensary located at some country station. In this case there are not so many living near the dispensary as to insure a large number of patients coming for relief. I have found the following plan succeed in getting people to come to such a dispensary: Have placards printed and posted up in the neighbouring towns and villages and at ferries and other prominent places, stating that the missionary doctor is willing to see the sick at his dispensary on certain days and at certain hours, that a small fee, say twenty cash, is charged for registry at the first visit and that after that there will be no further charge for advice or medicine. State that the Christian religion teaches us to afford relief to both soul and body and that all are invited to come. It is well to distribute calendars on which the same kind of notice is printed, and to renew the placards from time to time. Many will be drawn to the dispensary until its fame is fully established and the people learn to regard the medical missionary as a friend. It will also be well to have a branch dispensary in some town two or three miles away from the place where the doctor lives; this can be visited by the doctor's assistant once or twice a week and the doctor can visit it every other week.

3rd. We can carry on a valuable work if the doctor has a house-boat, and after studying the country he maps out a regular line of work. Let him select six or eight places in a radius of say thirty miles from his home, notify the people that he will visit each station on a regular day and at a regular hour—if possible—once a month, or once in six weeks. The doctor can take an assistant and he should be accompanied by an able and experienced preacher or catechist who should be well supplied with suitable books and tracts for sale and distribution. It would be well if from time to time one of the foreign clergy could find the time to accompany the doctor. By this method new and more distant fields can be reached, the friendship of the people secured and in time the very best spot can be chosen for locating a new station where it is desired by the people, or where the cure of some local magnate or mandarin will insure the goodwill of the local gentry. If this plan were faithfully carried out, especially in regions where the people were hostile, we could so pave the way for a new station that there would be less danger of riots and injury to missionaries or to native Christians. When this region had been well worked and fully secured another route could be laid out, new places visited, the gentry and people gained over and another new station could be established. We could thus “make haste slowly,” lay a firm foundation for our work, gaining ground as the time went on and the medical mission work would become the hand maiden of the Church in her aggressive work.

One of the first points that I would urge upon the medical missionary is that under all and any circumstances he must make his patients feel that they can trust to his word, that he will never deceive them in word or act. It has always been my aim to do this and the Chinese seem to understand that they may trust me in all cases. When my work began among them they were very much inclined to think that they were about to be deceived in some way. Now it is a rare event to find one who is not disposed to trust my word about his case. When they have learned that the Christian physician can be trusted, that his religion will not allow him to play them false in any way an important step has been gained. Then in dealing with them we must remember that by far the greater number of them have never learned to control themselves in any way; they cannot be trusted to control their actions or to restrain their desires in order to aid in the cure of their ailments. A little wholesome discipline is good for them; it is well for them to understand that, for the time being, they must act by the will of another and learn to restrain their desires in order to regain their health. They learn that to obtain the greatest amount of good from us they must put faith in their physician and that they must abide by the laws which conduce to their physical well being. In time they may be brought to see that these very same things are needed when they approach the great physician, faith and obedience to the divine will.

Do not make Paupers of the Sick.

It is as pauperizing to give gratuitous medical service as it is to give free bread.

When anyone comes to the hospital and is really unable to pay they should be attended to or received into the wards and treated just as if they could pay. We have however to guard against the temptation to be too free-handed. All those who are able to do so should pay their way. The plan I have adopted for out-patients is, all who come in the forenoon, except urgent, emergency cases, pay full price for their medicines. This means the well-to-do only; a few will come then who would never enter with the crowd of poor people. In the afternoons all who come to the dispensary are treated free of charge. In the wards of the hospital we have private rooms for the officials and the rich and the charge is one dollar a day. In the second class wards for those able to pay a smaller sum. We charge for the food only; all else is free. In the third class wards no charge at all is made. Formerly we put second and third class patients together in the same ward. The result was constant quarrelling and we had to separate the two classes. Our object is to help the very poor, but when people are able to pay something to encourage them to do so for their own good they are far more independent and self-respecting when they help to support themselves than when they feel that they are entirely dependent upon charity. The money returned by this second class leaves us free to help a larger number of the very poor than we could by any other plan.

Have a regular Chapel and a Chaplain attached to the Hospital.

It is not a good plan to depend upon the visits of native clergy who have their own churches and parish work to attend to. When such men visit a hospital their time is limited, and also the hospital work is not their work; it is a side issue. To succeed in anything a man must put his whole heart and soul in it. He must think of it, plan for it, pray for it. Every large hospital should have a suitable Church attached to it with a chaplain, who could build up a congregation from the surrounding population if possible, but would feel that his work was to convert the patients, to labor among the sick and suffering and among their friends and relations. Let him and any assistant or catechist he may have engaged with him in the work follow up anyone who shows the least interest in what he has heard, go to the house of such an one and keep up the good impression thus made so that it shall not fade away. In this way the chaplain can enter into the home of the patient, see his friends and have the opportunity to make their acquaintance and to talk with them also.

After every service let the chaplain have time to invite any who are interested to talk with him to come again and to learn more from him. Every good teacher knows that if he is giving a lecture, not for amusement but for instruction, he can clinch matters best in the minds of his class if after his remarks he asks them to tell him what he has said, questions them, sets them right when they are wrong and also is willing to answer any questions which bear upon the subject before them. Our clergy could help us if they would urge upon our hospital chaplains and catechists to stop after the usual services or addresses and adopt the above plan of getting in touch with their hearers. The chaplain and catechists have an excellent opportunity for getting well acquainted with the patients in the wards of the hospital. Some of these poor fellows spend one or two or even three or four months in the hospital. As each one has friends to visit him the chaplain has the opportunity to get well acquainted with them. Much time could be profitably spent at the bed sides of the sick; have services in the wards in the afternoons from time to time. Give patients such Christian literature as can be easily understood by them. The doctor has his hands full and the minister and the catechist may work hand in hand with him and follow up each case when there is the least chance of gaining a hearing. The native assistants as Christian fellow-workers can also do their share and use their influence in the cause so that all may work together for good. All men may not have the same gifts; one doctor may be able to preach and to pray with his patients; by all means let him do this. Another one may not have this gift, but he may use a word in season. The better we know the language and the people the better can we do this part of the work. For this reason no new-come medical missionary should do any medical work for his first year, and he should not average more than two hours of medical work a day for the next six months as he should have time to continue his studies after he has begun his medical work.

Need of Native Ministers for Natives.

While many of the Chinese are friendly to foreigners they very naturally regard them as aliens; are not in touch with them. Even if we know their language well we have to learn their idioms and their methods of reasoning before we can make them understand our views. This makes it all the more necessary that we should work largely through native chaplains and catechists and that these should be men fully qualified by their nature and training for this special work. We call upon the clergy, our brethren in the missionary work, to help us laymen who have never had the special training which you have enjoyed, aid us that we may be able to do our duty in the "great work so that what we daily pray for 'thy kingdom come thy will be done' shall be accomplished here in our midst.

THE OPIUM HABIT AMONG LEPERS.

BY N. H. CHOKSY, M.D.,

Medical Officer in charge Homeless Leper Asylum, Matunga, Bombay.

The mass of evidence already collected by the Royal Commission on Opium consists of a series of observations continued through a long period of years. Any fresh evidence likely to throw some additional light on the connexion between opium and disease would not be out of place, as it embraces some systematic observations that have been carried on at the largest leper asylum in India during the last three years.

Soon after the asylum was established our attention was attracted to the fact that the lepers had learnt, through what may be aptly called intuition, to appreciate the virtues of certain drugs to which they had resorted not for luxury but from dire necessity. Amongst their *repertoire* opium, iodoform and ganja held the foremost place. It was not at all uncommon when searching their baggage to find tiny, elegant-looking paper boxes bearing the labels of some of the well-known firms of European chemists containing iodoform—a sad contrast with their other wretched and squalid belongings. Opium too, held a not insignificant place in the affections of some of them, whilst a small proportion were devotees to ganja. The latter was at once put a stop to, but as the plant could be easily grown, it was soon found flourishing in the vicinity of some of the wards; and as its moderate use did not in any way interfere with the discipline of the institution and satisfied the only craving of some of these patients who were virtually prisoners for life, it was not deemed advisable to interfere with its use and we have had no cause to regret this concession. Opium, we could not stop altogether, but we gave them the pure drug in smaller quantities than what they considered to be their proper dose—the bazaar drug to which they had been accustomed being far from pure, and generally adulterated.

This naturally led us to inquire into the reasons of the opium habit and we found that none of the patients had taken to the drug for mere luxury. The principal reasons assigned by them being—diarrhoea, dysentery, colic, chronic cough, fevers, pains of anæsthetic leprosy, and as a hypnotic. The drug, they said, had certainly prolonged their life and made their existence less miserable, besides acting as a prophylactic against bowel complaints. When admitted into the asylum, these opium habitues had better physique than some of their less fortunate brethren in distress.

The Number of Opium eaters:—The average strength of the asylum for the last two years has been about 275 and during the period the number of opium-eaters has never exceeded beyond 25, that is, about 9.09

per cent. This ratio has fluctuated from time to time. At present there are only about a dozen opium-eaters amongst nearly 290 inmates, the proportion being 4·13 per cent. only.

Their Caste and Sex.—The opium habit is confined to the Hindus and Mahomedans only, a native Christian taking opium is an extremely rare occurrence.* As to the sex, males are more addicted to the drug than females, the ratio being nearly 4 to 1.

The Quantity of Opium consumed.—The patients named various quantities as their proper daily quota, but when the pure drug was given they appeared to be satisfied with much less. That the quantity of the drug was small would be seen from the fact even with a daily average of 25 opium-eaters the largest quantity used on any one day was never more than 60 grains, an average of about 2·4 grains per day per patient. It was put up in the form of pills, each containing $\frac{1}{2}$ grain and the daily quantity was taken by the patients in divided doses during the day. There has been no tendency on the part of the patients to increase the dose and their daily number of pills remain more or less stationary. It must however be stated that some do not take more than 1 to 2 grains per day whilst others go over 3 to 4 grains; but in no case are the number of pills increased except under exceptional circumstances.

One notable instance, however, of the surreptitious use of opium in larger doses came to our notice. The patient was working as a *hamal* in the wards and the pills for distribution among the patients were under his charge. On some of the patients being discharged, or having died he continued to draw the same number of pills and so accumulated a large stock of them. He had some diarrhœa and to check it, he commenced to take the pills, the daily dose being at first only 3 grains which was gradually increased to 22 grains per day within a period of six weeks. No ill effects were observed in him. The man continued to do his ward work and worked in the garden attached to it all day, with increased vigour and seeming none the worse for it. In fact he seemed to thrive on the drug. On the above facts being known the quantity was at once cut down to about 3 grains per day without in any way interfering with his general health.

Conclusions.—A careful study of the opium habit in lepers leads to but one conclusion, that the drug is one of the most potent means of alleviating the sufferings of these unfortunate patients. It acts in every way to their advantage, prolongs their life, assuages pains, prevents or relieves intestinal troubles to which they are greatly prone and conduces to their general health and well being. The subjoined statement gives some particulars of the leper opium-eaters at present in the asylum.

* Only one native Christian, an old man of about 60, used to take about 1 grain opium per day.

Statement showing some particulars of Lepor Opium-eaters in the Matunga Lepor Asylum.

No.	Name.	Age	Sex.	Caste.	Type of Leprosy.	Duration of Leprosy.	Date of commencing opium.	Why opium was taken.	Quantity per day taken at present.	Present general condition.	What intercurrent diseases they suffered from since taking to opium.
1	Saboo Gopal.....	45	Female	Hindu (Mahar)	Anæsthetic	25 Years	20 Years	For Diarrhoea	3 grains	Fair	Nil.
2	Hurry Rawji	45	Male	"	"	4 "	2 Months	" Piles and bleeding.	3 "	Emaciated	"
3	Sonoo Bapoo.....	50	"	"	Mixed	10 "	8 Years	" Nervous pains.	2 "	Fair	"
4	Bawboo Krishna.	40	"	"	Tubercular	4 "	3 "	" Dysentery	2 "	Good	"
5	Baglie Pangoo ...	30	"	"	"	5 "	1 "	" Diarrhoea	3½ "	"	"
6	Pandoo Dhakoo...	45	"	"	"	6 "	2 "	" Inducing sleep.	4 "	Fair	"
7	Gungaram Antoo	45	"	"	"	6 "	2 Months	" Diarrhoea	1½ "	Good	"
8	Shabo Pullaji.....	45	"	"	"	6 "	2 "	" Colic.	1½ "	"	"
9	Sakhina	50	Female	Mahomedan	Mixed	8 "	8 "	" Diarrhoea	2 "	Emaciated	"
10	Abdulla	40	Male	"	"	3 "	7 Years	" Leprosy.	6 "	Fair	"
11	Gungoo.....	22	Female	Hindu (Mahar)	Anæsthetic	12 "	5 "	" "	2 "	"	"
12	Nanoo Cassum ...	35	Male	Mahomedan	Tubercular	2 "	4 "	" "	4 "	"	"

NOTES ON A CASE OF SPRUE, OF THREE YEARS' DURATION.

BY DUNCAN J. REID, M.B., C.M., *Shanghai*.

To the *China Medical Missionary Journal*, for March 1893, I contributed some clinical observations on sprue, and I then suggested that disease as a very suitable one for observation by the medical missionaries in different parts of China. I, at the same time, gave notes of a few cases, in which it appeared to me, that ipecacuan had had a good effect.

The following case has been under my observation at intervals for the last two or three years, but I could never persuade the patient to properly submit to the ipecacuan treatment, until the end of last year, when he appeared to be in a dying state, and the apparent good effects of the drug were then so marked, that I think the case is worth recording were it for that reason alone.

F..... M....., missionary, aged 60, was seen by me in July 1891. He told me that he had been subject to attacks of diarrhœa every summer. Three weeks previous to my seeing him, he had had a chill, and since then he had been suffering from diarrhœa. At first the stools were quite white, but after a few days grey in colour. Bowels usually moved about three times in the 24 hours; the motions being pretty equally distributed over the day and night. The motion I saw was of the consistence of white of egg, and was dark grey in colour.

At times the motions were bilious and very offensive. He also suffered from colic.

He was put on fifteen grain doses of salicylate of soda with five drops of tincture of opium, every six hours.

This relieved the colic, but he said that the salicylate did not suit him, and I lost sight of him for three months.

On 2nd October, the note was that the diarrhœa was still going on, with three or four motions in the twenty-four hours. The motions were generally preceded by colic, and he said that he had a constant dull pain over the belly. The stools were grey in colour or, at times, bilious; and semi-solid or watery.

There was no blood nor mucus. Tongue clean. The motions took place generally in the early morning, and at night. He had lost flesh since I saw him last.

He was given :—

R:	Tinct. opii	dr. 1½.	
	Sodæ bicarb.	„ 2.	
	Sp. ammon. aromat.	„ 4.	
	Tinct. rhei.	„ 4.	
	Aquam ad.	oz. 6.	misce. oz. ½ thrice daily.

Under this treatment he was decidedly better ; appeared to gain strength and flesh, and his appetite improved. The diarrhœa, although it had not quite stopped, was certainly better, and at times he had only one motion in the twenty-four hours.

He went to Macao for a change of air, and returned much benefitted by the holiday. He never, however, quite lost the diarrhœa, and when seen again at the end of January 1892, the motions were three or four a day ; stools grey ; colic ; no appetite, but tongue clean.

During the whole of 1892 the symptoms continued pretty much unchanged. During the early part of the year he began to suffer from irritation of the tongue and mouth, so that he could take nothing hot, and only the very simplest articles of diet. During that year he lost flesh very rapidly, and in the beginning of September it was noted that during the previous two months he had lost twenty-nine pounds in weight.

During that time no treatment had a fair chance, as he could never be got to continue in one line of treatment for any length of time. Amongst the drugs tried, in addition to careful dieting, were the following :—

Sulphate of soda in dr. doses in the early morning, and small doses of morphia at night.

This treatment certainly improved the appetite and under it he felt better, but the diarrhœa was rather worse and the sulphate of soda had to be accordingly stopped.

Perchloride of mercury, in small doses [1-48th of a grain] three times a day.

This caused great discomfort and vomiting, and had to be stopped.

Ipecacuan with bicarbonate of soda.

He was persuaded to try this drug in small doses [2 grs.] gradually increased, and appeared to be improving under the treatment, and gaining weight, but before it could be given in sufficient doses he went off again.

I saw nothing of him after this, until the 9th of December 1893, when he returned. He said that he had been gradually getting worse and worse, and that the diarrhœa had been so bad that if he had only eight stools a day he thought he was lucky. The stools were, as before, grey, frothy and copious ; sometimes bilious. He suffered greatly from colic, flatulence, and swelling of the belly ; and irritation of the tongue and the inside of the mouth.

When seen on the 9th of December 1893, he said that for the previous fifteen days he had had a new symptom—stools of a dysenteric character, with great pain in the belly. The stool I saw was scanty and consisted of blood-stained mucus.

He was ordered fomentations to the belly.

For food :—

Pounded beef.	} One or other of these to be given every two hours.
Beef juice.	
Whey.	
Tea with whey.	

And fresh lemonade.

Tincture of opium gtt. 10. To be given at 7.30 p.m., followed, in half an hour, by

Pulv. ipecac. grs. 20, with sodæ bicarb. grs. 10.

10th Dec. He vomited the ipecacuan given last night and also vomited a similar powder given this morning. Bowels four times since last night.

To repeat the ipecac. to-night, preceded by fifteen drops of tincture of opium.

11th. He kept the powder for forty minutes last night. B. 0 during the night, but three times this morning. Solid motions.

Ordered an injection of boric acid solution [10 grs. to oz. 1] once a day.

To repeat the ipecac. to-night.

12th. Seemed much better. B. 4 yesterday after the injection. This morning B. 1, but very scanty, and containing a little blood.

Hab. pulv. ipecac. grs. 10 to-night.

13th. B. 0 since my last visit, until a few minutes before I saw him. The motion was still somewhat dysenteric in character. He had a very good night and slept.

Repeat the ipecac. again to-night.

14th. B. 0 during the night, but twice this morning. He was out of bed, and said he felt much better. The stool I saw was light yellow [ipecac. stool.]

Repeat the ipecac. to-night.

16th. B. 2 since yesterday. He found great relief from the boric acid injections and said they were very soothing.

Hab. pulv. ipecac. grs. 5 to night.

17th. Vomited a little blood after the ipecac. last night. To stop the ipecac.

Hab. pulv. bismuthi grs. 20 thrice daily.

24th. During the last week the motions have been still very frequent, but were ordinary loose stools, of watery consistence, and contained little or no blood nor mucus. The stool I saw to-day contained a trace of mucus tinged with blood.

R: Argenti nitratis grs. 2.
 Ac. nitric. dr. 2.
 Tinct. aurantii oz. $\frac{1}{2}$.
 Aquam ad „ 8. misce. oz. $\frac{1}{2}$ three times a day.

25th. B. 9 since yesterday. Stools liquid and containing little specks of blood here and there.

To continue the mixture, and to give

Sodæ bicarb. grs. 10.

Pulv. ipecac. „ 1. misce. twice a day.

26th. B: 10, but very scanty motions. He kept the ipecac. last night. He had good yellow stools this morning, and only one small lump of mucus tinged with blood.

Omit the ipecac. and soda.

Add 5 gtt. of tinct. opii to each dose of the nitrate of silver mixture.

28th. B: 2 since yesterday. The stools were well digested and solid, and of good colour. No more pain nor colic. The tongue furred, but cleaning.

29th. Appeared to be improving every day. B: 2 since yesterday, partly solid. Now that the diarrhœa had gone, he was passing more urine. He said that stools such as he was then having he had not had for two or three years.

30th. B. 1 since yesterday. The motion was solid and of good colour. Tongue clean and moist.

About six weeks after this he called to show himself, and said that he had had no diarrhœa since I had seen him last and that he felt quite well, and was gaining strength and flesh fast.

It is important to note the good effect obtained by the astringent [nitrate of silver,] especially with the addition of the laudanum, after the character of the stools had been improved by the use of ipecacuan.

NOTES OF CASES.

We are indebted to Staff Surgeon Kidd, of H. M. S. *Caroline*, for a brief history of the following case:—

Tuberculosis:—Death.

W. H., aged 19, ordinary seaman, was first taken ill on July 20th, 1893, when he fainted on deck. On examination I found that all the organs were healthy and that he was suffering from slight cough. He was placed on the sick list and a pectoral mixture with tonics ordered. Good diet with extras, but in spite of these he did not improve, and as the weather was then very hot I thought it was probably due to it. At Hongkong he was sent to the Naval Hospital for treatment and remained till the ship was again ordered away. On his return he felt better but not fit for duty. So he was kept under treatment, and on Sept. 21st, more than two months from being first taken ill, he was removed to the General Hospital at Shanghai for treatment. From this date he gradually got worse. No physical signs could be detected;

his appetite got less and he lost weight daily, but complained of nothing till near the end when there was then slight abdominal pain over the right iliac fossa, and for a fortnight before death, which occurred December 2nd, he had almost uncontrollable vomiting with diarrhœa, so that nutritious enemata were of very little avail. *Post mortem* made. All the organs were healthy. At the lower part of the ileum and at the commencement of the ascending colon there were two tuberculous ulcers—one in each—the one in the ileum had very thickened edges and in the centre was almost ulcerated through; each ulcer was quite the size of half a crown; throughout this man's illness his temperature never reached beyond 100°, and for nearly four months never exhibited any symptoms by which his case could be diagnosed with accuracy.

Pernicious Malarial Fever.

Dr. Jellison reports the following from Nanking: Hwang Yin-t'ao, a colporteur, had travelled in An-hwuy province for the past six months. Malarial fevers of all varieties as well as dysentery due to malaria have been exceedingly rife during the half year just gone in the regions travelled over. Coming down the Yang-tsz in a small sampan he was drenched to the skin by a sudden squall. Hastily the passengers disembarked and with his baggage on his back he walked some ten miles. The night compelled him to seek shelter in a cold Chinese inn. He was very much exhausted from the cold long walk with wet clothing and the shock of a narrow escape from shipwreck in the middle of the Great Yang-tsz-kiang. The next day, January 15th, he arrived in Nanking. On Jan. 19th at noon he was taken suddenly ill with an excruciating pain in the right hypochondriacal region. I went to see him and found him in an unconscious condition; face blue and shrunken; hands as cold as those of a cadaver; feet the same. The hands were clenched and immovable. The jaws were set. Pressure over the swollen liver caused groaning, but no attention was given to the loudest shouting; when asked about his condition. I ordered two drachm doses every 15 minutes of spts. frumenti and gave the following hypodermic injection:—

R. Morphine Sulph. gr. $\frac{1}{4}$
 Atropine Sulph. „ $\frac{1}{100}$
 Aquæ xx.

A large sinapism was placed over the abdomen. He recovered consciousness at midnight. The pulse was sixty, small and feeble after the chill, but a slight fever came on. No sweating.

January 20th, at 9 a.m., he was again seized with a similar paroxysm. Although comatose and making no response to any one he slowly swallowed a scruple of quinia sulph. At noon another was given and at 6 p.m. another. Since recovery he says he did not taste the first dose, although given in solu-

tion with hydrochloric acid. The second could be tasted and the third was very bitter. Very little fever followed the chill and no sweating. Since he has had four mild rigors with fever. He has been taking Fowler's solution. After the two severe chills there has been great paresis with anesthesia of the left upper and right lower extremities and fulness in right side of head. The right toe has dragged some in walking. The combination of the algid and comatose with convulsive symptoms is remarkable. The pain in the abdomen was in all probability caused by an extreme distention of the liver through congestion. The convulsive clenching of the hands and the succeeding paresis were similarly due to congestion of the brain or cord. There was a complete absence of the surface heat common in the comatose form. The prompt relief by quinia and the mild chills and fever following confirm the diagnosis. Dr. Hazel Parke noticed that a severe malarial fever often followed a ducking in the rivers crossed in Africa and no doubt the exposure, fatigue and drenching were exciting causes determining the excessive severity of the rigors in the above case.

Myxœdema.

Dr. Douthwaite reports that Tang-chwang, male, aged 22 years, was admitted to the hospital on May 30th 1893, for the treatment of myxœdema. He weighed on admission 194 lbs. Measurements as follows: Height 5 ft. $2\frac{1}{2}$ in.; girth of shoulders 51 in.; chest $42\frac{1}{2}$ in.; waist 43 in.; thigh $23\frac{1}{2}$ in.; calf $17\frac{1}{2}$ in.; neck 17 in.; above biceps $13\frac{3}{4}$ in., wrist $7\frac{1}{2}$. Voice purile; mind dull but cheerful; speech slow and hesitating; skin dry and rough.

The patient had been a regular attendant at the out-patient department of the Anglican Hospital and Dr. Von Tunzelmann—who afterwards kindly sent the case for me to see—had prescribed sheep's thyroid, but the patient, not being able to recognize the thyroid gland, had daily consumed the whole of a sheep's larynx and trachea, a feat which I could hardly believe possible until I saw proof of its performance.

I had considerable difficulty in procuring thyroids, but at length succeeded, and gave one every day to the patient. The improvement in his condition was slow but after a few weeks he began to perspire freely, and from that time he made more rapid progress. On Sept. 27th he was dismissed, having lost over 40 lbs. weight, and recovered the small amount of mental power he ever possessed. I told him to continue the thyroid treatment at home, but he was unable to do so, and has now—Feb. 1894—returned to Chefoo in the same condition as he was a year ago. The same treatment as before will doubtless have the same effect, but as soon as the man ceases to take the thyroids all the symptoms of the disease begin to return, and that is a most unsatisfactory state of things for a Chinaman.

Leprosy.

Suen-yung, aged 17 years, admitted April 28th 1893 for treatment of leprosy.

His arms, legs and face were studded with large prominent leprous nodes, some of which had ulcerated.

The skin over and around the nodes was anæsthetic, and beneath the skin innumerable smaller nodes could be felt.

I put him under the influence of ether, and removed about fifty of the larger nodes by making an incision in the skin and scraping well with a Volkmann's spoon. The ulcers were also scraped, and all the wounds dressed with lint saturated with a mixture of creolin and glycerin. The wounds healed as rapidly as possible, and afterwards the whole skin, where nodes could be felt, was daily rubbed with the creol-glycerin. This treatment was continued for nearly three months, when he was dismissed with no trace of the disease except scars, and a few anæsthetic patches on his arms and legs.

(A similar case has just been admitted—March 5th 1894—and is being subjected to the same treatment.)

Chang-yuen, aged 28 years. Patient first became aware that he was a leper two years ago, when his eyebrows began to fall off. On admission he presented the characteristic appearance of leprosy. Upper lip much thickened. Outer half of eyebrows gone, margins of eyelids thickened and hairless, slight ptosis, and constant lacrymation. *Lepra bacilli* in serum taken from his face. Fingers numb, but not distorted.

Creol-glycerin was rubbed into the affected parts daily for about two months, and electricity applied to the eyelids and hands. Improvement in this case was slow, but satisfactory. The eyebrows began to grow, lacrymation ceased, the lip was reduced to normal thickness, but remained rather stiff. Ptosis continued, and the eyelids were but little improved in appearance, owing to the difficulty of applying the creolin to them. The fingers regained sensation, and altogether the patient was much improved in appearance.

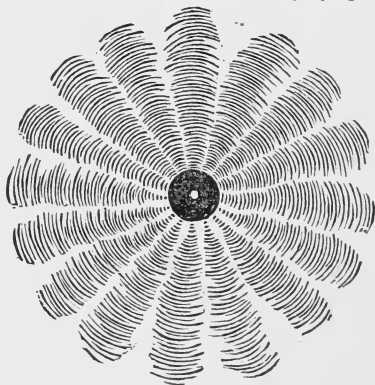
I saw him about a month after he left the hospital and thus far there had been no return of the symptoms of the disease. These cases, and others which I published last year, show that leprosy, if discovered and properly treated in its early stages can at least be checked, but whether it can in any case be eradicated remains to be proved.

The application of the creolin mixture must be done carefully and thoroughly, and to ensure its being so done I do it with my own hands in most cases, no matter how unpleasant the task may be.

PEKING EUNUCHS.

By ROBERT COLTMAN, Jr., M.D., *Peking.*

Formerly in reading of eunuchs I always imagined beings who had been castrated in childhood, with the idea of utilizing them in the harems of the East, but I never for a moment supposed the mutilation extended beyond the removal of the testicles, nor did I suppose that any but children were thus treated. Since residing in Peking, I have been called upon to treat a number of these fellows, and my sympathy of other days has given place to disgust and contempt. In the November number of the *Universal Medical Journal*, I published an article on Self-made Eunuchs, reciting two cases that had come under my notice. At that time I thought such must be rare. Since writing the article however, four more cases have come to me for treatment, and I am now fully convinced, that many of the eunuchs employed in and about the palace, have made themselves so, for the purpose of obtaining employment. In January last a eunuch over fifty years of age came to me for obliteration of the urinary meatus and impaction of the urethra with numerous small calculi, the result of accretion of urinary sediment in the urethra. He stated that at twenty-two years of age, he being married and the father of a year old girl baby, resolved to seek employment in the palace. He secured a very sharp *ts'ai-tao-tzu*, and with one clean cut removed his external organs of generation entire. His family stopped the bleeding with great difficulty, but after a month's ulcerative process, the wound granulated over, leaving a large cicatrix radiating from the urethra something like the accompanying drawing :—*



CICATRIX OF EUNUCH.

* In reproducing the above, our Chinese xylographist has somewhat improved on the original sketch, with regard to geometrical nicety.—(Ed.)

He secured employment at once with the Emperor T'ung Chih, and was with him in his flight when driven out of Peking by the British. After the death of the emperor he took service with the seventh prince, and continues in his family as purveyor of provisions to the present day. His health has always been good and he has amassed considerable wealth, but he is miserly in the extreme. I slit up the cicatrix, removed a great number of small calculi and a lot of grit from the urethra, placed a silver bougie in the opening to keep it patent and in ten days had him in good condition. He rewarded me with a present of four miserable green oranges.

A few days after he left, a young boy of seventeen who had made himself a eunuch to spite his father, came to me to re-open his urethra, as, after I had operated on him last year he lost the catheter I gave him at that time and allowed the orifice to gradually close. I slit up the cicatrix again and lent him a bougie to have it copied in silver, he promising to return it the next day. I have never seen him or the bougie since. A eunuch aged twenty-five, came in a few weeks ago with his urinary orifice almost closed, and a considerable amount of sandy deposit in the urethra. I explained to him what kind of an operation would be required and he left saying he would come back next day. I have not seen him since. This morning I operated upon a eunuch thirty-two years of age, who emasculated himself eighteen months ago, but as the surface has been ulcerating ever since he has not as yet obtained employment. This man is a large framed sturdy fellow who could earn a good living in any employment requiring strength, but he deliberately emasculated himself for the purpose of getting an easy position in the Imperial employ. I am told by these fellows that many of their kind die annually from suppression of urine. Their clothing is always soiled and reeking with ammoniacal odours and only constant care prevents the orifice of the urethra from contracting down to a pin's point and finally closing altogether. Yet knowing all the pain and odium that is sure to be theirs, to say nothing of the risk of their life, many able bodied men voluntarily submit to the operation by others, and not a few perform it upon themselves. Do such specimens of humanity deserve any sympathy?

CHINESE JEWS.

Three hundred years before Christ, Israel had already learned to put up with an unsettled and wandering existence upon the earth.

It is remarkable, says Ewald, in his *Geschichte Israels*, to observe how the wide diffusion of the Greeks was now followed by a similar dispersion of the Judeans and Samaritans.

It may even be said, he continues, that the earlier shocks were now suddenly succeeded by one of far greater violence, which tended to scatter Israel continually over a wider area, so that fresh masses of Israelitish posterity were driven out into the wide world which was then becoming almost wholly Greek.

"It is somewhat difficult to survey all the foreign countries to which the Judeans, with the Samaritans often close at their side, spread during these centuries, and where they made themselves settled homes.

Even before Alexander, many were already living dispersed among the heathen in all quarters.

From the countries beyond the Euphrates and Tigris, where large numbers had continued to reside ever since the Assyrian and Babylonian days, and had long been naturalised, they spread one by one, very soon after the victorious expeditions of Alexander, Selencus, and Antiochus the Great; into the remoter regions of the East; as far as India and China." How perfectly this is supported, as far as China is concerned, by the observations of travelers and students, we shall now undertake to show.

We learn from Chinese sources, that, towards the close of the earlier Chow dynasty, about 255 to 200 B.C., an immigration took place of strangers from the West.

They were a peaceful, commercial, and religious folk, strongly attached to their peculiar faith, and always ready to drive a bargain with the natives of the country.

They became settlers, and were known among their pagan neighbours as the T'iao-kin K'iaou, or the sect which removed the sinew.

The period of Chinese history marked by their arrival was a troublous one, full of political complication and of civil war; a state of things which had produced great social disorder, obscuring the light of the classics and undermining the moral tone of the people to an alarming extent.

The Jew, who looks upon his dispersion among the Gentiles as a means employed by Jehovah for leavening of that corrupt mass, sees in this immigration at this special time a direct dispensation of Providence, and hails it as a fresh fulfilment of the prophecy that in the seed of Abraham should all the families of the earth be blessed.

It is to be regretted that the details which have come down to us of the history of the Jews in China should be of so very meagre a description.

So scanty, indeed, is the stock of information, that many persons have hesitated to accept the facts of the immigration and subsequent sojourn of the Jews as in any way historical; one argument employed being the apparently cogent one, that no mention whatever is made of the affair in any of the Chinese annals.

This, however, may be easily explained. There are several interesting phenomena in the history of China, now in existence which are rigorously ignored in all contemporary records; from motives of prejudice, expediency, or pride. The Jewish colonies now extant are not mentioned in the annals of the day; it is therefore not surprising that those which existed two thousand years ago should be similarly overlooked.

Again, the bulk of the ancient local records was lost during the reign of the Huang-ti Tsin-shih, who flourished 246 to 200 B. C.

Be this as it may, however, the existence of Chinese Jews is as much a matter of fact as that of Polish, English, or German Jews, and even in this intensely individualistic country they have preserved for many centuries their own peculiar idiosyncrasies.

The principal Jewish colony seems to have been founded at K'ai-fung Fu, the capital of Honan; where a large and handsome synagogue was erected, and profusely adorned with sentences from the Hebrew Law.

But the immigrants appear to have been unfortunate in their selection of a home, although they were probably influenced by their old love of the leeks and the onions, the vineyards, and the olive yards, the well watered valley and richly cultivated plain, in making this their choice.

K'ai-fung Fu doubtless appeared like a field that the Lord had blessed. It was a splendid city in the olden days, and famed for its gardens and its palaces; but if the Jews had pitched upon a Chinese Tyre or Chorazin they could hardly have undergone greater trials.

Seldom perhaps has a place been subject to such reverses as K'ai-fung, and yet survived.

Fourteen times was this devoted city ruined by inundations; six times was it destroyed by fire; nine times overthrown by earthquakes, and eleven times besieged and taken by assault. But there are records still extant, in the form of memorial tablets erected with the sanction of the authorities; although whether those in existence are the original tablets, which have been preserved, or copies, merely, appears to be uncertain. The point, however, is unimportant.

From one of these it is gathered that the Jews, the foreign sect which did not eat the sinew, came to China under the earlier Chows; and that the mythical Chinese hero, P'an Ku-shih, is identical with the Jewish Adam.

The Jews are spoken of in the highest terms, their classics and religion being praised as conformable to those of the native literati. An account of the building of a synagogue appears in another record, and, from all that we can gather, the children of Israel appear at one time to have occupied a position of influence and consideration.

However it may be explained, too, Jewish legend appears to have tintured much of the ancient literature of the Chinese ; for, in addition to the analogy we have already alluded to, we find in some old books the story of a woman who was turned into a statue while fleeing with her family, because she looked back ; of the descent of manna ; of the sun being stopped in its course by a General to complete a victory, and of a rock producing water upon being smitten with a stick. It is the opinion of those who have studied the subject that these and similar traditions were brought to China by Jews in the first instance, and became subsequently incorporated into the ancient literature of the country.

Of the present condition of Chinese Jews it now remains for something to be said. There are colonies of Jews at Hangchow, Soochow and elsewhere, possessing, or having possessed, many precious relics of their ancient ritual.

The Soochow Jews have, we were informed, received much generosity from their wealthy co-religionists, the Sassoons ; but we are not aware whether any specific measures have been taken to excite an interest in the Israelites of China in more extended circles. Does not the venerable Sir Moses Montefiore,* the nearest living representative, perhaps, of Israelitish royalty take the deepest concern in the welfare of his scattered brethren ?

That they are still in existence is undeniable ; but we fear that they are rapidly becoming indistinguishable from the heathen among whom they live. They have scrolls of the Laws, but are unable to read them, they have synagogues, which, however are generally deserted ; they possess a faint, though not wholly indistinct, remembrance of the grand national belief in the One True God ; and they deal principally in money-changing and old clothes.

But here we will drop the pen, and invite our readers' attention to the graphic account we reprint below, of the visit of a missionary gentleman† to what may once have been the centre of Jewish influences and Jewish life in the "Land of Sinim" :—

Arriving "in K'ai-fung Fu" on the 17th February, I enquired for the Jewish synagogue, but getting no satisfactory answer from the pagan inn-keeper, I went for information to one of the Mahommedan mosques, of which there are six within the walls. I was well received by the Mufti, and the advent of a stranger from the West, who was reported to be a worshipper of the true Lord, drew together a large concourse of the faithful. At the request of the Mufti, holding a New Testament in my hand I addressed them in relation to the holy book of Jesus Christ, whose name he pronounced with reverence, as that of one of the most illustrious of their prophets.

The Jews he denounced as Kafirs, and evinced no very poignant sorrow when he informed me that their synagogue had come to desolation.

* This article was written several years ago.—(ED.)

† Bishop Schereschewsky, if we mistake not.—(ED.)

It was, he assured me, utterly demolished, and the people who had worshipped there impoverished and scattered abroad.

"Then," said I, "I will go and see the spot on which it stood;" and directing my bearer to proceed to the place indicated by the Mufti, I passed through streets crowded with curious spectators to an open square, in the centre of which there stood a solitary stone. On one side was an inscription commemorating the erection of the synagogue in the period Lung-hing of the Sung dynasty about A. D. 1183, and on the other a record of its rebuilding in the reign of Hung-che of the Ming dynasty: but to my eye, it uttered a sadder tale—not of building or rebuilding, but of decay and ruin. It was inscribed with *Ichabod*; 'the glory is departed.' Standing on the pedestal and resting my right hand on the head of that stone, which was to be a silent witness of the truths I was about to utter, I explained to the expectant multitude my reasons for "taking pleasure in the stones of Israel, and favouring the dust thereof."

"Are there among you any of the family of Israel?" I inquired. "I am one," responded a young man whose face corroborated his assertion; and then another and another stepped forth, until I saw before me representatives of six out of the seven families into which the colony is divided. There, on that melancholy spot on which the very foundation of the synagogue had been torn from the ground and there no longer remained one stone upon another, they confessed with shame and grief, that their holy and beautiful house had been demolished by their own hands.

It had, they said, for a long time been in a ruinous condition. They had no money to make repairs; they had lost all knowledge of the sacred tongue; the traditions of the fathers were no longer handed down, and their ritual worship had ceased to be observed. In these state of things they had yielded to the pressure of necessity, and disposed of the timbers and stones of that venerable edifice to obtain relief for their bodily wants.

In the evening some of them came to my lodgings bringing for my inspection a copy of the Law inscribed on a roll of parchment, without the points, and in the style of manuscript which I was unable to make out, though I had told them rather imprudently that I was acquainted with the language of their sacred books.

The next day, the Christian Sabbath, they repeated their visit, listening respectfully to what I had to say concerning the Law and the Gospel, and answering, as far as they were able, my enquiries as to their past history and present state.

Two of them appeared in official costume, one wearing a gilt and the other a crystal button, but far from sustaining the character of this people for thrifty and worldly prosperity, they number among them none that are rich and but few who are honorable.

Some indeed, true to their hereditary instincts, are employed in a small way in banking establishments (the first man I met was a money-changer): others keep fruit-stores and cake-shops, drive a business in old clothes or pursue various handicrafts, while a few find employment in military service.

The prevalence of rebellion in the central provinces for the last thirteen years, has told sadly on the prosperity of K'ai-fung Fu, and the Jews have not unlikely, owing to the nature of their occupations, been the greatest sufferers.

Their number, they estimated, though not very exactly, at from three to four hundred, they are unable to trace their tribal pedigree, and never on any occasion assemble together as one congregation.

Until recently they had a common centre in their venerable synagogue, though their liturgical service had long been discontinued.

But the congregation seems to be following the fate of its building. No bond of union remains, and they are in danger of being speedily absorbed by Mahommedanism or heathenism.

One of them had lately become a priest of Buddha, taking for his title *pen-tau* (本道) which signifies "one who is rooted in the knowledge of the truth." The large tablet that once adorned the entrance of the synagogue, bearing in gilt characters the name of Israel (— 賜樂業 E-sz-lo-yek) has been appropriated by one of the Mahommedan mosques, and some efforts have been made to draw over the people, who differ from the Moslems so little, that their heathen neighbours have never been able to distinguish them by any other circumstance than that of their picking the sinews out of the flesh they eat, a custom commemorative of Jacob's conflict with the angel. One of my visitors was a son of the last of their Rabbis, who, some thirty or forty years ago, died in the province of Kan-suh. With him perished the last vestige of their acquaintance with the sacred tongue.

Though they still preserve several copies of the Law and Prophets, there is not a man among them who can read a word of Hebrew, and not long ago it was seriously proposed to expose their parchments in the market place, in hopes they might attract the attention of some wandering Jew, who would be able to restore to them the language of their fathers.

Since the cessation of their ritual worship, their children all grow up without the seal of the covenant.

The young generation are uncircumcised, and, as might be expected they no longer take pains to keep their blood pure from intermixture with Gentiles. One of them confessed to me that his wife was a heathen. They remember the names of the Feast of Tabernacles, the Feast of Unleavened Bread, and a few other ceremonial rites that were still practised by a former

generation; but all such usages are now neglected, and the next half century is not unlikely to put a period to their existence as a distinct people.

Near the margin of Poyang Lake there stands a lofty rock so peculiar and solitary that it is known by the name of the 'Little Orphan.'

The adjacent shore is low and level, and its kindred rocks are all on the opposite shore of the lake, whence it seems to have been torn away by some violent convulsion and planted immovably in the bosom of the water. Such to me appeared that fragment of the Israelitish nation. A rock rent from the sides of Mount Zion by some great national catastrophe and projected in the central plain of China, it has stood there, while the centuries rolled by, sublime in its antiquity and solitude.

It is now on the verge of being swallowed by the flood of paganism, and the spectacle is a mournful one.

The Jews themselves are deeply conscious of their sad situation, and the shadow of an inevitable destiny seems to be resting upon them.

Poor unhappy people! as they inquired about the destruction of the Holy City and the dispersion of their tribes, and referred to their own decaying condition, I endeavoured to comfort them by pointing to Him who is the consolation of Israel.

I told them the straw had not been trodden underfoot until the ripe grain had been gathered to disseminate in other fields.

The dykes had not been broken down until the time came for pouring their fertilising waters over the face of the earth.

Christian civilization with all its grand results had sprung from a Jewish root, and the promise to Abraham was already fulfilled that "in his seed should all the nations of the earth be blessed."—Extracted from *Waifs and Strays from the Far East*, by F. H. Balfour.

The China Medical Missionary Journal.

VOL. VIII.

MARCH, 1894.

No. 1.

Malarial fever in all its varied phases is necessarily a matter of the greatest interest to all of us resident here in the East—flattering ourselves as we mostly do that we have attracted to ourselves more than our individual share of pathogenic micro-organisms of ultra paludial eccentricity. Having thus clearly and *simply* prefaced our quarterly talk, we think it well to suggest that we continue our review of the *Annual of Universal Medical Sciences*, now seasonably taking for our text, the treatment of malarial fever in the light of the advance of the past year.

In the first place we note that Golgi, of Pavia, has made an elaborate study of the action of quinine upon the parasites of malaria. He found that the employment of the drug either by the mouth or subcutaneously, or injected into the veins, so that the remedy come in contact with the parasites at a time when the internal processes that lead to segmentation (spore formation) have already begun, did not inhibit the development of the parasites, and was thus incapable of preventing the appearance of the next febrile paroxysm.

As the changes spoken of must take place earlier than they can be recognized, it cannot, with absolute certainty, be stated for how many hours before the anticipated attack the activity of the quinine is not manifested. Given three, four, five, and even from six to ten hours before the paroxysm the drug exerts no influence upon the colony of parasites approaching maturity. If quinine be given under the condition already named, although it does not effect the parasites or does not prevent the succeeding paroxysm, it exerts a pronounced influence upon the new generation of parasites, which are destroyed if the dose of the drug be large enough. It is upon this action that is based the direction that quinine be given three, four, or five hours in advance of the paroxysm. It is not desirable to increase this interval, as otherwise, undergoing elimination, the quinine might not remain in sufficient quantity to destroy the new generation. It is not so well to give quinine after the paroxysm, as thus time may be given for the new generation of parasites to gain entrance into the red corpuscles.

There can be no objection to giving quinine at this time, if the administration is repeated. If quinine be given so that it finds its way into the blood at a time when the parasites are in the stage of the small endocorpus-

cular amœbæ (in quartans fever on the first day of the apyrexia), it is capable of interfering with the development of the parasites, and it may at times alternate or retard the next paroxysm; but it cannot be depended upon to neutralize the infection.

The interference with the development of the organisms bears a certain relation to the size of the dose. If full doses are given repeatedly during the apyretic stage, not only may the next paroxysm be absented, but the infection may also be neutralized. The phase of development in which the endocorpuscular parasites are most readily affected by quinine, and in which the probability of aborting the next paroxysm is greatest is that in which but a small area of the body of the parasite remains (or quartan fever toward the end of the second day of the apyrexia); the neutralization of the infection is, however, less certain and safety from relapse slighter. The practical outcome of these observations is, that quinine should be given in a full dose three, four, or five hours in anticipation of a paroxysm and for several successive days. In the fevers of irregular type quinine should be given uninterruptedly for weeks.

Martin, of Green Grove, Miss., makes a warm plea for the non-employment of quinine in cases of malarial hæmaturia. He considers the damage done, and the malarial parasite beyond the reach of medication, when the hæmorrhage has taken place. While ordinarily, when quinine is given, malarial hæmaturia is considered a grave disease, of which from twenty to fifty per cent. of the victims die, and relapses are common and convalescence is slow in those that recover, it is contended that if quinine be not employed in treatment, the prognosis is by no means so discouraging, relapses are uncommon, and convalescence is rapid. It is recommended that turpentine be given, that the bowels be kept open, preferably with salines, that the nutrition be scrupulously maintained, that iron be given, and, when convalescence has set in, that arsenic be administered.

Buro divides antipyretic drugs into three groups, according to their action: (1) those that act in the apyretic interval, e.g., quinine; (2) those that act during the febrile period, e.g., sodium salicylate; and (3) those that act at all times, e.g., eucalyptus.

Particularly in private practice is the use of quinine attended with the objection that the facts in a given case must be obtained from the patient; that the apyretic intervals are sometimes so short that the action of the drug appears too late; and that, when inflammatory and catarrhal conditions are present in addition to intermittent fever, quinine usually fails. Eucalyptus, on the contrary, acts favorably under these conditions.

The most certain and the best results are most speedily obtained if the drug is injected beneath the skin. It is well to mix the ethereal oil with a

fatty oil, and to give doses of from $1\frac{1}{2}$ to $4\frac{1}{2}$ grains. In some cases relapses occurred that yielded only to quinine.

Sasse recommends the employment of cinchonine when quinine cannot for any reason be taken. Cinchonine has a further advantage over quinine in that it is the cheaper. It is given in corresponding doses. The drug may be administered in simple syrup, but preferably not in a single dose, as it may cause vomiting. The *tiinitus aurium* and the oppression of the chest observed after the taking of quinine are not observed after the administration of cinchonine. On the other hand, the use of cinchonine is followed by dryness of the nose, mouth, and throat with paresis of the accommodation, without alteration in the size of the pupils. After an extensive experience in Syria, Gemayel strongly indorses the utility of cinchonidine sulphate. He found the drug quite as certain, as rapid, and as efficacious as quinine, and particularly valuable in cases in which quinine was for any reason contra-indicated or could not be taken. As a rule, 23 grains were administered on the first, the second, the fourth, and the sixth days of the first week and on one or two days of the second week. It was usually administered at bed-time.* In chronic malarial infection arsenic, iron, and hydrotherapy proved useful therapeutic adjuvants.

Mya has employed methylene blue in nine cases of malarial fever. In some of the cases it had a decided effect upon the course of the fever, but in the majority the effect was slight or but transient. Methylene blue is objectionable on account of the severe gastric pain, pyrosis, and strangury to which it gives rise; it also displays a tendency to diminish the quantity of urine excreted.

Thayer reports five cases and refers to two others, in all of which haematozoa were found in the blood, and in which successful therapeutic results were obtained by the administration of methylene blue, in dose of $1\frac{1}{2}$ to 3 grains five times daily.

It is admitted that the number of cases is too small to draw definite conclusions from the results. In all of the cases in which methylene blue was given alone, strangury developed in the first three days, which was, however, at once relieved by the administration of from ten to twenty grains of powdered nutmeg. In the cases in which nutmeg was given from the outset no unpleasant symptoms appeared. In all of the cases the urine was of a deep-blue color; in none, however, did it contain albumen. The feces, though untinted when passed, became blue on exposure to the air. The sweat and the saliva, however, did not appear to be colored. The same

* The results of experiments in India proved that sulphate of quinidine was quite equal to sulphate of quinine in therapeutic value, and sulphate of cinchonidine very nearly so . . . that in nine-tenths of the fever cases of India, cinchonidine is just as efficient as quinine, and only about one-fourth of the cost.—*Cinchona Committee's Report, August 1878. Vide No. 1, vol. v., p. 46 Medical Missionary Journal*, paragraph Cinchonidine.—Ed.

author reports seven additional cases in the treatment of which he employed methylene blue. Of these, two were cured; in two more a definite cure may have been obtained, in two others immediate temporary benefit was noted, followed, however, by an increase in the number of organisms and a return of fever, but finally yielding to quinine; in the seventh case the symptoms remained in abeyance for twenty-two days, although the organisms never entirely disappeared from the blood. The conclusion is reached that while methylene blue exerts a definite influence in the treatment of malarial fever, by a destructive action upon the specific organism, it seems to possess no advantage over quinine that would warrant its further use.

Boinet and Thintignan also report the successful employment of methylene blue in the treatment of malarial fevers. They administered from $7\frac{3}{4}$ to $15\frac{1}{2}$ grains daily, in pills, for a period of two weeks.

In the acute stage of grave cases, 23 to 31 grains were given at once, and repeated if necessary. No unpleasant complications were observed. The urine was increased in amount, and remained discolored for five days after the withdrawal of the drug.

Huddleston, of New York, describes the cases of three sisters, ten, seven and five years old, respectively, with chills, fever, and sweats on alternate days, plasmodia being found in the blood of the eldest. Each was given methylene blue $1\frac{1}{2}$ grains, the eldest every three, the second every four, and the third every five hours during the waking period, for four days.

The urine was colored blue, but was passed without difficulty. The blood was examined after four days, but no parasites were found; neither did the children have a recurrence of the symptoms.

Mühl, of Basle, has reported the case of a man thirty-eight years old, who presented symptoms of quotidian intermittent fever, with plasmodia in the blood, the febrile stage occurring between eight and nine o'clock in the morning. Five capsules, each containing $1\frac{1}{2}$ grains of methylene blue, were given toward evening, without apparent result.

Following the second five, the temperature subsided to normal, not again to rise. After three weeks, the spleen was not enlarged, although plasmodia were still present in the blood.

The patient had gained in weight; the number of red blood corpuscles and the amount of haemoglobin had likewise increased. There was no strangury or other discomfort. The urine was blue four hours after the taking of the first dose. In all, 46 grains of methylene blue were taken.

Laneran has made a study of the blood of pigeons treated with injection of methylene blue, and failed to find any changes in the haematozoa, which are closely allied to those found in man. The same negative results were obtained in two cases of malaria treated in a similar manner.

Burg has employed the alkaline nitrates in the treatment of the malarial fevers.

The potassium and sodium salts act much alike; the former is, however, the less toxic and the more soluble.

In adults an ordinary dose is from $15\frac{1}{2}$ to $23\frac{1}{4}$ grains, which is best administered in the interval, between attacks or at the onset of an attack. The results of the treatment were variable; it succeeded in some cases and failed in others. The nitrates possess the advantages of ease of administration, of absence of disagreeable taste, and of not deranging the digestion, or occasioning symptoms referable to the nervous system.

From personal experience, as well as from the testimony of others, Déclat recommends the employment of carbolic acid in the treatment of the various forms of malarial fever. In the hot stage he makes two injections beneath the skin of 100 drops of a 2.5 per cent. solution of pure carbolic acid in aseptic hydrated glycerine. If the paroxysm is repeated, 100 drops of a corresponding solution of ammonium phenate are injected; and the injection may be repeated for several days after the last attack. For several days after the disappearance of the fever two or three teaspoonfuls of a 1.5 per cent. syrup of carbolic acid may be given daily. In rebellious cases recourse may be had to injections of a five per cent. solution of quinine phenate in sterilized oil.

Ranson reports the successful employment of an infusion of kiukélibah, or *Combretum raimbultia*, an arborescent plant that grows in Western Africa, in the treatment of severe cases of remittent fever in the Soudan. The leaves of the plant can be dried and be preserved for years without losing their active properties. They are reduced to powder, and an infusion of one drachm to $\frac{1}{2}$ pint of water is made. At the onset of the attack, particularly if there is haematuria, a wineglassful may be given every ten minutes; vomiting results, and favorable symptoms follow the remission that takes place. Subsequently quinine is given.

Albertoni has tried phenocoll in thirty-four cases of malarial fever. Of these, twenty-four were permanently cured; in five the results were doubtful; in the remaining five no good was accomplished. In some of the successful cases quinine had been employed without avail. Phenocoll was given in doses of $15\frac{1}{2}$ grains, in powder or in solution, from five to seven hours before the expected paroxysm, and was continued for some time to prevent relapses. The use of the drug was attended with no unpleasant effects; its taste was readily masked by sugar.

Apropos of the Royal Commission on Opium, which is now agitating the minds of many, and as a practical corollary to the foregoing, is the question with regard to the prophylaxis of opium in malarial fever. Now as an

expression of feeling in the which all indubitably have a perfect right to indulge, we give our *personal* testimony in reference to this matter. Having "no constituency to serve" save that of truth we care not, whether or no, we are included among those who entertain "the most absurd and unscientific views upon the subject." We simply state that whether it be in the fenny districts of England, the swamps and low lands of North Western America, or facts based upon what we are pleased to style our experience in China, we have for many years past recognized opium as a valuable therapeutical agent in malarial fever. Now apart from the many practical attestations to this effect in various parts of the world, is the plain physiological fact that opium, primarily as a vascular and nervous excitant must antagonize the first stage of malarial fever—viz. chill—then again "the hot stage comes on more quickly, is much shortened and the sweating stage follows with intense comfort to the patient." Very relevant to the foregoing is the fact that Narcotine when introduced some twenty years ago, was regarded then, as a substitute for quinine, and is now considered by many to be superior to that drug as a prophylactic in malarial fever.

Some while since we endorsed in our Journal pages a statement made with regard to the *Historical Aspect* of the introduction of opium into China by the British, and the generally received loose acceptance of the same. It is with deep concern we now note that some of our friends, if not exactly entertaining grave doubts of our sanity, are certainly at one, as to our heterodoxy. Be this as it may, it does not necessarily controvert the fact, that the war of 1842 did not force opium upon the Chinese. Naturally we are unwilling therefore to accede to the statement that our "facts are wrong" even as we decline to accept as 'authoritative' the dicta in disproof thereof of the gentlemen referred to, seeing, that they can only possibly have at their disposal, historical information equally available to ourselves. We simply made a statement, refuting in our humble opinion the views held by certain of our friends—it had no bearing whatever on opium with regard to any moral, ethical, or social phase of the question. We briefly add that we have always held that the introduction of opium at all in the troubles of 1842, was but an incident in the war, *then imminent*, but which doubtless precipitated it, even as the *illegal* seizure of any merchandize would have done under conditions so strained.

Attention to those trifles lumped as 'details' is daily coming to be more appreciated as a prime element in successful surgery, in evidence of which is an OPERATION BLANK with *Lists of Instruments, etc. required in various Operations*. Prepared by W. W. Keen, M.D., LL.D., Professor of Principles of Surgery in the Jefferson Medical College of Philadelphia—a specimen pad of which we have the pleasure of acknowledging from the eminent publishing firm of Messrs. W. B. Saunders, 925 Walnut Street, Philadelphia. It is a convenient blank, suitable for all operations, giving complete instructions regarding necessary preparation of patient, etc., with a full list of dressings and medicines to be obtained from the drug store.

At the back of pad is a list of instruments used—viz.: general instruments, etc. required for all operations, and special instruments for surgery of the brain and spine, mouth and throat, abdomen, rectum, male and female genito-urinary organs, the bones, etc., etc.

The whole forming a neat pad arranged for hanging on wall of surgeon's office or hospital operating room. Price per pad, containing blanks for 50 operations, 50 cents, net.

LOOSING THE BOUND FEET.

(釋 放 纏 腳 說).

BY THE REV. W. B. BONNELL, M.A.

"For every pair of small feet there is a kong full of tears."

This little tract written in the Shanghai Vernacular is a simple plea on behalf of the many who are suffering from the practice of foot-binding—apart from the physical disadvantages consequent upon so barbarous a custom; the many and great deprivations to which these poor unfortunate women and children are subjected, is eloquently and earnestly pointed out. The pamphlet closes with a strong appeal, endeavouring if possible, not only to influence public opinion towards the abolishing of this cruel practice, but to the necessity of establishing more girls' schools, so that, *enlightenment* may follow in the train of the Western education afforded them.

Copies of the tract may be ordered from the Presbyterian Mission Press, Shanghai, at the following prices:—

		<i>per 100.</i>	<i>per 1,000.</i>
A.	Foreign Paper Red	\$0.35	\$3.00
B.	Chinese " "	0.30	2.50
C.	" " Brown	0.25	2.00

OFFICIAL NOTICES.

To the Members of the Medical Missionary Association of China.

In accordance with the By-Laws of the Medical Missionary Association of China, votes are herewith called for election of officers for the next biennial term, which commences 1st February 1895. Members are requested to fill in the accompanying form and return it to the Hon. Secretary not later than the 1st day of August 1894:—

To the Secretary of the Medical Missionary Association of China.

....., 1894.

DEAR SIR,

I herewith send in my vote for the following officers of the above named Association for the ensuing term, 1895-97:—

For President—

- „ Vice-President, North-China Division—
- „ „ Shanghai Division—
- „ „ Wuchang and Hankow Division—
- „ „ Canton and South China Division—
- „ „ Fukien and Formosa Division—
- „ Secretary—
- „ Treasurer—
- „ Six Censors—
- „ Editor of Journal—

I am, dear Sir,

Faithfully yours,

NOMINATION FOR PRESIDENT.

Notice is hereby given that Dr. B. C. Atterbury has been nominated as a Candidate for the biennial term, 1895-97.

SYDNEY R. HODGE, M.R.C.S., L.R.C.P., (LON.),

Hankow,

Hon. Secretary.

CORRESPONDENCE.

AN-TING HOSPITAL,
Peking.

MY DEAR DR. MATHEWS.

The interesting letters of Drs. PECK, PORTER and DOUTHWAITE with your own comments, have doubtless caused considerable reflection.

I trust that the medical missionary body will favor the idea of affiliating with the Red Cross Society and representing to the powers that be, in China, the benefit to them, accruing from the encouragement and protection given to the Red Cross Society. While I do not feel *sure* that any real good will result from such proceeding, yet I hope it *may* secure recognition and protection. Cannot you publish this and ascertain the sense of the Association in this respect. As soon as recognized by the larger order, it seems to me that some form of letter might be procured from the British and American ministers, recommending the Society to the protection of the Chinese authorities. Then we would irrespective of societies don the uniform or emblems of the Red Cross and be united in closer union than before.

I, for one, am willing to do anything I can to forward what to me seems a most proper and righteous plan. If we fail we are no worse off. If we succeed we may reap the benefit in larger service.

Yours truly,

R. COLTMAN, JR.

SHANGHAI,

27th Jan., 1894.

DR. SYDNEY R. HODGE,

Hankow,

*Secretary of the Medical Missionary
Association of China.*

DEAR DR. HODGE,

I have much pleasure in forwarding to you this nomination of Dr. B. C. ATTERBURY, of Peking, for President of the Medical Missionary Association of China. The Presidential Chair has been filled by one member from Canton, one from Swatow, one from Shanghai and one from Chefoo.

Our brethren in Northern China have waited patiently but there seems to be a very general feeling in the north that they are entitled to have one of their number in the Presidential Chair.

In this I quite agree with them and I am certain that all who know Dr. ATTERBURY, will feel that he is the right man for the place. Can you oblige me by having the enclosed nomination, and my letter to you, published in the next (the March number) of the *China Medical Missionary Journal*.

Faithfully yours,

H. W. BOONE.



MEDICAL PROGRESS.

THE ACTION OF PERMANGANATE OF POTASSIUM IN RENDERING MORPHIA INERT.

At a meeting of the medical and surgical staff of the West Side German Clinic, 42d Street, New York, Dr. WILLIAM MOOR, one of the physicians to the clinic, recently gave a demonstration on his own person of the efficacy of permanganate of potassium as an antidote for morphia. Against the earnest protestations of those present, he swallowed three grains of sulphate of morphia in solution, and immediately afterwards he drank a solution of four grains of the permanganate in four ounces of water. He was carefully watched, but none of the ordinary effects of morphia on the system were observed, and he has since stated that he experienced no ill effect whatever from the poisonous dose taken.

Dr. MOOR, who has made a special study of therapeutics and toxicology, is twenty-eight years of age, and an Austrian by birth. He studied two years in Berlin and one in Paris, and is a graduate of the College of Physicians and Surgeons, New York. He states that previous to the demonstration mentioned he had experimented with rabbits, and also on his own person. He at first took an eighth of a grain of morphia, then a quarter of a grain, then half a grain, and finally three-quarters of a grain; and when he took permanganate of potassium afterwards there was no apparent toxic effect from the morphia.

In his demonstration at the German Clinic he would have been perfectly willing, he says, to take six grains of morphia, instead of three. Morphine, or any of the salts of opium, he claims, is immediately rendered harmless by contact with the permanganate. The antidote at once seeks

the poison, passing by the other substances in the stomach. The soluble salt is acted upon by the permanganate 75,000 times more quickly than albumen, and several thousand times more quickly than peptone. Of course, the antidote should be administered as promptly as possible after the morphia is taken.

Since this demonstration it has been claimed that the honor of the discovery is really due to Dr. WILLIAM CONDY, of London, and that Dr. J. B. MITCHELL and other writers have referred to the efficacy of permanganate of potassium as an antidote; but, at all events, it is certainly true that its action in this regard has never been generally recognized by the profession. LACERDA recommended permanganate as an antidote to serpents' poison. Experiments indicate that it destroys the constitution of such poisons when brought into direct contact with them, but, when introduced into the general system, does not control their action.

Dr. MOOR is now engaged in making a series of experiments to test the power of the permanganate as an antidote against strychnia, cocaine and other poisons. In the case of the first named, its action is said to be much slower than upon morphia.

Morphia is well known to be a powerful reducing agent, and it is doubtless by oxidation that the permanganate acts. As with serpent poison, so with morphia, it is undoubtedly essential that the permanganate should enter into direct contact with it. After the morphia has been absorbed the permanganate can have no action upon it. This physiologico-chemical restriction necessarily limits very much any value as an antidote which it may be proved that it

possesses. Really, as we have already hinted, the most surprising thing about this incident which has attracted much attention in the daily press, is the fact that the action upon each other of two substances whose properties are so well known as are those of morphia and permanganate, should not long since have been accurately determined and described and been generally recognized. As a matter of fact, the usual therapeutic text-books and toxicologies are silent on this subject.—*The Boston Medical and Surgical Journal*.

CORYZA.

HAYEM gives the following prescription for the relief of acute coryza:—

R̄ Acid. carbolic	}	. . . aa dr. iiss
Aquæ ammoniæ		
Alcohol . . .	}	. . . v
Aquæ destil . . .		
		oz. i M.

Sig. Inhale from several drops upon a piece of bibulous paper.

Prof. WILSON says that when the temperature is taken in the groin, one-half degree should be added. He also favors the taking of the temperature in the axillary space rather than in the mouth, as being the more accurate method of determining it.

Prof. HARE is of opinion that in cases where digitalis will have no effect, and is indicated, the administration of adonidine will often give good results.

Prof. WILSON, in cases of lead poisoning, recommends the following treatment: A laxative dose of the sulphate of magnesium every day and ten grains of the iodide of potassium three times a day.—*The Canada Medical Record*.

MIDWIFERY AND DISEASES OF WOMEN.

Dangers of Antiseptic Midwifery.

SCHRADER (*Centralbl. f. Gynäk.*, No. 16, 1893) endeavours to solve the question why antiseptic midwifery has not fulfilled expectations. He maintains that the poison

of puerperal endometritis is often actually diffused through the system by intrauterine irrigation, so that a local and relatively harmless morbid process is made general and deadly. In the "bad cases" noted by antiseptic obstetricians, rigors and fever followed quickly on an irrigation, the relation of cause and effect being undoubted. The veins and lymphatics are the diffusers of the infection. The stimulation of the uterine muscular tissue by the injection facilitates lymphatic absorption, already aided by increased intrauterine pressure. Vaginal irrigation is less dangerous, yet undoubtedly it may cause septic matter, which had escaped from the uterus into the vagina, to be sent back into the uterus again. SCHRADER observes that DÖDERLEIN has found that a streptococcus naturally exists in the vaginal secretions after labour, and is soon rendered harmless by lactic acid fermentation. Irrigation checks this salutary process. SCHRADER strongly condemns the application of caustics to puerperal ulcers. To pass a speculum into the vagina of a patient with a temperature over 100° F., and to apply caustics to the wounded cervix is to break one of the first laws of surgery—that wounds must be kept at rest. Thus lacerated perineums almost invariably heal up when repaired directly after labour, because the wound is left alone and not inspected for eight or ten days. A long discussion followed the reading of SCHRADER's paper at Hamburg. OLSHAUSEN cited GLÖCKNER's statistics, which were not in favour of prophylactic irrigation.

THYMIC ACID IN TYPHOID FEVER.

The following directions published in the *New York Medical Journal* were given to the nurses concerning the treatment of forty-eight consecutive cases of typhoid fever by Dr. E. E. WIBLE, Attending Physician to the Homestead Steel Works Hospital, Pa.:—

1. Give each patient five grains of thymol every three hours.

2. Give ten grains of the salicylate of bismuth every three hours when there are more than three or four stools in twenty-four hours.

3. Give each patient two quarts of skimmed milk every twenty-four hours.

4. Give cracked ice and ice-water freely, allowing from three to eight quarts in twenty-four hours.

5. If the diarrhoea is not marked, beef-tea or chicken-broth may be given once or twice a day.

6. If the diarrhoea is excessive, give nothing but milk and water.

7. When the patient's temperature rises to or above 103°, give sponge-baths every half-hour, or employ the cold wet-pack until the temperature is reduced below 103°.

8. For abdominal pain or tympanites apply turpentine stupes.

9. Cleanse and disinfect the mouth with a solution of boracic acid.

10. Disinfect the stools and urine with a thick solution of the chloride of lime or a five-per-cent. solution of carbolic acid.

11. Give no solid food until the evening temperature has been normal ten days.

12. Patients may be allowed to sit up for a short time about the end of the first week of convalescence.

There were but three deaths—one of these was admitted in a moribund condition—the second was a case admitted in the fourth week of illness, in a typhoid state, and having had no medical attention—the third death occurred five days after the patient's admission. So excluding the case admitted in a moribund condition, i.e., leaving but two deaths, we then have attained the very low mortality of four per cent.

APPLICATION TO PREVENT THE STINGING OF INSECTS.

PEDNOF (*Revue de Thérap*) recommends for this purpose a concentrated solution of naphthalin in paraffin oil. A few drops are

to be rubbed upon the exposed parts of the body. A slight temporary burning sensation is produced which soon passes off.

POTASSIUM PERMANGANATE AS AN ANTIDOTE TO ORGANIC POISONS.

Experiments made by Antal on frogs, rats, and dogs, demonstrate that potassium permanganate exercises a quick and powerful antidotic influence on a series of organic poisons, among which he names muscarin, strychnine, colchicin, oxalic acid, and oil of sabine. The remedy was administered freely in aqueous solutions of from one-third to one-half of one per cent. The author is still engaged in the investigation of the subject, and will probably add others to the list of poisons to which the permanganate is an antidote. The remedy may be administered by the mouth or subcutaneously, the latter acting more rapidly.—*National Druggist*, July 1, 1893.

PARAFFINE IN EAR DISEASE.

DELSTANCH says that in certain diseases of the middle ear liquid paraffine should be dropped into the ear; in adhesive inflammation it takes the place of all other remedies. In chronic catarrh of the middle ear it can sometimes be substituted for paracentesis of the tympanum, or it can modify this operation when circumstances render it unavoidable. It decreases the secretion and increases the sharpness of hearing. At the beginning of an acute otitis media the dropping of the paraffinum liquidum into the ear removes the pain and brings recovery in from five to six days.—*La Sem. Med.*, November, 1892.

THE LOCAL TREATMENT OF DYSENTERY.

Dr. H. C. WOOD contributes the following article to the *University Medical Magazine*:—

"There seems to me to be in modern medical thought a very strong tendency to consider disease as constitutional rather than local. I do not doubt but that there are

one or more forms of dysentery dependent upon the presence of poisons in the blood, but I feel very confident that the dysentery, as we see it ordinarily in this climate, is essentially a local inflammation, independent of any blood poisoning. If this be true, the disease should be especially amenable to local treatment. It is true that the ordinary treatment, which seems not to be local, really owes much of its efficiency to a local influence. Thus, the purgative acts by a purely local depletion; the mercurial, or the ipecac, by a local stimulation of the glands involved; whilst the bismuth spreads itself upon the mucous membranes and by its local action lessens inflammation. It has seemed to me, however, worth while to draw the attention of practitioners to the value of the direct application of remedial agents to the affected parts.

"Many years ago I published a series of cases of chronic dysentery demonstrating the extraordinary efficiency of forced enemata containing one half to a drachm of nitrate of silver dissolved in two or three quarts of water, and further experience has corroborated all that I said. Indeed, from time to time have appeared papers in the medical journals proposing the treatment as both novel and efficacious.

"In acute dysentery, involving the colon high up, I have found large enemata, containing two to three drachms of subnitrate of bismuth, much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe, this local treatment may often be preceded with advantage by washing out the colon with large quantities of cold water. I have never used injections of nitrate of silver in acute dysentery, although the effect of the local application of the nitrate in other inflammations of mucous membranes would justify trial of the remedy. I have seen, in one or two cases, large enemata of very hot water injected without affording relief, and believe that hot water enemata are, in their ordinary

results, not at all comparable with large injections of ice-cold water.

"When the lower part of the colon is affected, the local use of ice sometimes has an almost marvellous effect. I have, indeed, seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of *ice suppositories*. While it is not necessary to have the pieces of ice entirely regular in shape, care should be exercised that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour, the effect of the continuous application of cold.

"When the tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief.

"A remedy which has been from time to time recommended very highly in dysentery, but has not, I think, been much used, is ergot; and when the passages contain large quantities of blood, or are nearly pure blood, the extract of ergot would seem to be indicated. I have never myself used ergot by the mouth in these cases, but have employed suppositories containing twelve grains of extract of ergot and four grains of iodoform, used every two hours until four or five suppositories had been taken with, seemingly, great advantage.

"I do not mean to advocate the local treatment of dysentery as a substitute for the use of mercurials, purgatives, and ipecacuanha, etc., but as a very important adjunct to the older forms of treatment. Nevertheless, in my experience, the effect of local remedies has been more prompt and decided than that of drugs given by the mouth; but in cases of any severity the attack upon the disease may be made from each end of the mucous tract."

The article closes with two brief clinical histories.

PICRIC ACID IN MALARIA.

CLARK, writing from India, says he has treated in the last four and one-half years over 10,000 cases of malarial diseases with picrate of ammonia, with the happiest results. His success has been so uniform that he has given up the use of the cinchona alkaloids in intermittent fever. Out of 5,000 cases, of which a record was kept, picrate failed in but nine, and in these quinine succeeded at once. The dose usually employed was $\frac{1}{8}$ to $1\frac{1}{2}$ grains four to five times a day, given in pill, the average dose being $\frac{1}{2}$ grain. In malarial headache and malarial neuralgia, the cure was rapid and complete. The drug does not produce headache, deafness, ringing in the ears, nor digestive disorders.—*Ann. of Universe. Med. Soc.*

[Several medical journals of late years have every now and again drawn attention to the use of picric acid in malarial fevers. It may be recalled that Dr. HODGE, if we remember rightly, referred to the matter at the meeting of the Medical Conference in 1890. Apropos of which many of us are now anxiously awaiting the Report of the Collective Investigation Committee (vide Vol. IV, No. 3, P. 229).—ED.]

TREATMENT OF CONSTIPATION IN INFANTS.

SLATER suggests the use of well-boiled green food for constipation in infants, accompanied by the occasional administration of senna-tea or black draught to the mother.

LATHAM advises small doses of tinct. podophylli in a mixture with syrup and aqua anisi night and morning, supplemented each morning, if necessary, with an enema of soap and water administered with a small, continuous, rubber syringe which holds about two ounces, and which he believes is of German manufacture. When the child is older, if the trouble continue, he knows of nothing better than "cascara," a

pleasant wine containing the active principles of cascara sagrada, and manufactured by Allen and Hanburys. This is readily taken by children, and is strongly recommended.

MACKAY uses, as the only treatment, a glycerin injection each evening, after the child's bath. Children soon get to like and expect the injection; a copious motion is the result.—*British Medical Journal*, March 4, 1893.

THE BURNING-GLASS IN MEDICINE.

The treatment of various skin diseases by cauterization with a burning-glass is advocated by Dr. A. V. THAYER, of San Francisco, who claims that no caustic is more convenient or more readily controlled. The sun-rays may be thus converged upon the most delicate membranes with impunity. The pain is comparatively mild. The agent is of value in skin diseases of parasitic origin. Dr. THAYER believes that with its aid the pustules of small-pox may be aborted. It is claimed to yield excellent results in treating chancres and chancroids or surfaces bearing false granulations, also carbuncles and malignant ulcers in general. The remedy is further stated to be an excellent styptic. In view of their destructive action on the micro-organisms, the concentrated sun-rays may yet play an important rôle in the treatment of infectious skin diseases.

"VARIOLIN" AGAIN.

The use of "variolin" for the internal administration of vaccination has been sanctioned, it is said, in Brooklyn by the principals of some of the public schools, who have accepted certificates of treatment by this means as a substitute for the required certificate of vaccination.

TRANSPLANTATION OF BONE IN THE
RADICAL CURE OF HERNIA.

At the French Surgical Congress held in April last, a paper was read by Dr. THERIAUX of Brussels on a new method of rendering

the results of operations for radical cure of hernia more durable. Owing to the yielding of the parietes at the seat of incision, relapses are unfortunately not uncommon after this operation. To remedy this inconvenience, Dr. THERIAR proceeds as follows:—The sac being opened and the stump reduced, he fixes with catgut suture a plate of decalcified bone between the stump and the abdominal wall, the dimensions of the plate being proportional to that of the orifice to be obturated. In twenty-one cases operated on, a firm cicatrix has been obtained and no relapse of the hernial condition has been noted. *Post mortem* examination in one instance showed that the plate becomes absorbed and is replaced by a resisting and hard cicatricial tissue.—*Lancet*.—*The Indian Medico-Chirurgical Review*.

TREATMENT OF COMPOUND FRACTURES.

TREVES (*Annals of Surgery*, Feb. 1893) describes a method of treating compound fractures which appears to have been in his hands extremely satisfactory. On admission, the limb is covered with lint soaked in carbolic lotion, and is then cleaned with the greatest care; protruding bone is replaced, loose or damaged bone is removed and the broken ends are adjusted as soon as possible.

(1) Ordinary well-padded wooden splints are used, but under no circumstances is the limb secured to them by strapping. Instead of plaster, he uses fine webbing and buckles. No bandages are ever applied.

(2) The limb is kept throughout in the open air. (3) The wound itself is covered by a heap of antiseptic powder—iodoform or creolin, preferably the latter. This covering of powder keeps out bacteria without hindering the free escape of discharges which form, with the protecting powder, a harmless scab or crust. The advantages claimed are:—(1) simplicity; (2) avoidance of "meddling;" (3) the damaged part is open to view.—*B. M. J.*—*Ibid*.

TREATMENT OF SOFT CHANCER.

Dr. E. CARAZZANI has treated soft chancre with a mixture of 5 parts of chloral hydrate, 3 of camphor and 25 of glycerine. Twenty-six cases have been treated with this application, in which a cure was obtained in from two to eighteen days. It is said that the secretion diminishes rapidly and soon ceases altogether, that the local inflammation subsides notably, that the epithelium is regenerated speedily, and suppurative buboes are a rarity.—*N. Y. Medical Journal*, April 1, 1893.—*Ibid*.

GLYCERINE SUPPOSITORIES IN CONSTIPATION.

JAMES D. STAPLE (*Lancet*, Feb. 25, 1893) has been using with success suppositories of glycerine, otherwise called "glycone," containing about 95 per cent. of glycerine, with the same results as glycerine used by enema. They are easily introduced and act in from five to twenty minutes. The advantages are absence of pain, ease of administration, rapidity of action and absence of griping. The suppositories are particularly useful in cases where an aperient by the mouth is not advisable in midwifery practice and in the chronic obstruction of old people caused by hardened feces in the lower bowel.—(*Ibid*).

RECENT SUGGESTIONS IN THERAPEUTICS.

Extracted from the Universal Medical Journal.

ASTHMA.

R Tinct. opii camph., spts. ætheris co., tinct. cardamomi co., aa p. æq. M. Sig.: 15 drops every 15 minutes until relieved. Or, apply hot turpentine stupes over the chest and throat. Or, use a drop or two of Fowler's solution on a cigarette, light, and inhale the smoke. (ORRIN H. ROSSE, *Times and Register*).

AURAL ECZEMA.

Humid type, of external ear and meatus: Solution of Van Swieten's liquor, 1 to 4 or 5

of water, as wash; after drying with absorbent cotton, *iodol* insufflations night and morning. Cure about eighth day. Dry type: Same wash: after drying, when eczema limited to concha, apply *iodol* (15 grains); *lanolin* (1 ounce); if eczema occupies the meatus the head is leaned over to opposite side, and after washing and drying as above the meatus is filled with following solution: *Iodol*, (15 grs.); *paraffin-oil* (1 ounce); ear being stopped with a cotton wad to prevent escape of oil. To be carried out night and morning. Cure in two weeks, usually. (CHATELLIER, *Annales des Maladies de l'Oreille*, etc.

CHRONIC BRONCHITIS AND EMPHYSEMA.

Objection to abuse of routine treatment by expectorants and sedatives. Persistence of expectorants in all cases maintains secretion from bronchial mucous membrane, impairing digestion and inducing nausea. Tonics recommended. *Liquor arsenicalis* when congestion subsides. Stimulates epithelial nutrition; stimulates vagus. *Belladonna* and *iodide of potassium* often remarkably efficacious in cases complicated with bronchial spasm. *Nux vomica* and *strychnia* act best in cases of atrophous emphysema where expiration is much prolonged, the heart weak, and flatulent dyspepsia is complained of. For urgent dyspnœa and failing heart, the *liquor ammoniæ* (B. P.), 5 drops in milk at frequent intervals, a most powerful respiratory stimulant. (J. C. THOROWGOOD, *The Medical Press and Circular*, July 12, 1893.)

CHOLERA ASIATICA.

R. *Tinct. opii camph.*, 6 pts.; *vini ipecac.*, 4 pts.; *tinct. valerianæ ath.*, 12 pts.; *ol. menth. pip.*, 1 pt. M. ft. "Russian cholera drops." Sig.: 15-25 drops in *peppermint-tea* every half-hour. (ZALOZIEGKI, *Therapeutic Gazette*).

CARBUNCLE.

Apply 2% spray of acid carbol. or chloral hydrat., 12 hrs. at a time, t. i. d. In inter-

vals cover with antiseptic dressing. When suppuration is deep, make circular incisions round periphery of tumor; deep excavations are cut out with thermo-cautery; then finish with spray. Alkalies, bromides, and antiseptics internally. (VERNEUIL, *The Medical Week*.) Free crucial incision down to sound tissue; tumor is then excised; alkalies and tonics internally. (LANNELONGUE, *The Medical Week*.)

CHLOASMA.

R. Hydrarg. ammoniat., bismuth subnitr., $\bar{a}\bar{a}$ p. 2½; olei olivæ, p. 1; ungt. glycerinat., p. 4. M. Sig.: Apply to affected parts until a moderate dermatitis is produced, then use, R. Beta-naphthol, p. 5-10; zinci oxidi, pulv. amyli, $\bar{a}\bar{a}$ p. 12½; vaselini, q. s. ad p. 50. M. (SAALFELD, *Brit. Journ. of Dermatology*, 1893.)

DIABETES MELLITUS.

Benzosol (benzoyl-guaiacol) in daily dose of gr. xv-xlv. (PIATKOWSKY, *London Lancet*).

DYSENTERY.

Tinct. opii camph., fdr. j every 3 hours; *tinct. ferri chlor.*, gtt. x in water, 4 t. d., food not to be given immediately before or after the iron. (JOHN GILLESPIE, *University Med. Mag.*, April, 1893.) Half a tumblerful of a 2-per-cent. solution of *lactic acid*, twice daily. (N. V. LOJIKIN, *American Therapist*).

DYSPEPSIA.

R. *Bismuth subnitratis*, *magnesiæ sulphatis*, *crete præparatæ*, *sodii phosphatis*, $\bar{a}\bar{a}$ dr. iiij. M. In pulv. no. xl div. Sig.: One after each meal when belching and flatulence are present. (DUJARDIN-BEAUMETZ, *Therapeutic Gazette*.)

DYSMENORRHEA.

R. Ext. Cannabis Indicæ, ext. belladonnæ, $\bar{a}\bar{a}$ gr. j; ol. theobromæ, dr. iss (6 grms.) M. et ft. suppos. no. j. Sig.: Use every night for 5 nights previous to anticipated period. (J. B. MATTISON, *Ann. of Gynæ. and Pæd.*)

ELEPHANTIASIS ARABUM.

Daily injections of *pilocarpine*, gr. 1-6 to 1-3. (POULET, *New York Therapeutic Review*.)

ENCEPHALITIS, ACUTE.

Apply 6 leeches behind the right ear and give: R. *Hydrarg. chloridi mitis*, gr. xv; *aloes*, gr. ivss; *sacch. albi*, q. s. M. ft. pulv. no. iij. Sig.: One every 2 hours. (CROCQ, *Therapeutic Gazette*.)

EPISTAXIS.

From rupture of nasal varices.—Cauterize the vessels with the galvanocautery knife. (R. BEAUSOLEIL, *Rev. de Laryngologie, d'Otologie, et de Rhinologie*.)

FISSURE OF ANUS.

R. Ext. conii, dr. ij; olei ricini, fdr. iij; ungt. lanolini, q. s. ad oz. iij. M. (HARRISON CRIPPS, *Medical Bulletin*.)

GONORRHOEA.

Injections of *hydrogen peroxide* (MARCHAND's medicinal) 1 ounce, in distilled water 6 ounces, three times daily (J. J. SULLIVAN, *Medical Summary*).

HEMORRHOIDS.

Preferred method: *ligature plus dilatation of the sphincter*. Prepare patient by bath, recumbent position, and milk diet; *castor oil* to open bowels and, after full effect obtained, enema to thoroughly clear lower bowel. Next dry thoroughly, clean and shave anus, and, under anæsthetic, introduce well-oiled thumb in rectum about one and one-half inches, then the other. Lower portion of rectum comes into view, sometimes protrudes. A plug being placed well into rectum, hemorrhoids caught and each surrounded by ligature tied firmly. Transfixation of extra large ones and tying in two portions may be necessary. External piles cut away and raw edges stitched together with silk or catgut. Plug removed, rectum washed out, *morphine* and *belladonna suppository* inserted, patient sent to bed and kept there; fifth day *castor-oil* and *enema*; bowels act on sixth;

patient gets up on seventh. (A. G. MILLEE, *Clinical Journal*.)

Internal. *Atropinæ sulph.*, gr. j; tinct. *ferri chloridi*, gtt. xxx *vaselini*, oz. j. M. Sig.: Apply locally. (LAPLACE, *Medical Bulletin*.)

R. *Potassii iodidi*, gr. xxx-lxxv (2-5 grms.); *iodi*, gr. v *glycerini*, dr. x. M. Sig.: Take hot sitz-bath daily, and apply to hemorrhoids every 3 or 4 hrs. tampons of absorbent cotton wet with this glycerole. (PREISMANN, *Therapeutic Gazette*.)

HÆMOPTYSIS.

If severe, raise the chest, give opium; gallic acid, gr. xv every 15 minutes; ergotin, gr. v-x hypodermatically, 2 or 3 times daily; ice-bags to the chest; as last resort, ligate thigh or arm. (TYSON, *Medical and Surgical Reporter*). R. Ext. *hamamelidis fld.*, ext. *cinchonæ fl.*, aa dr. ij; ext. *glycyrrhizæ*, dr. iiss, aq. *destillatæ*, Oj. M. Sig.: Shake well; take 1 or 2 dessertspoonfuls every 2 or 3 hours. (EKLUND, *Therapeutic Gazette*.)

HERNIA.

Radical Cure. The sac being opened and the stump reduced, fix with catgut sutures a plate of decalcified bone between the stump and the abdominal wall, the dimensions of the plate being proportional to that of the orifice to be obturated. The plate becomes absorbed and is replaced by a resisting and hard cicatricial tissue. In 21 cases, no relapse noted. (THIRIAR, *London Lancet*.)

HERPES.

Nasal. R. *Picis liq.*, *acidi salicylici*, aa 6 pts.; *vaselini*, 150 pts. M. Sig.: Apply every evening to the nostrils. (R. BEAUSOLEIL, *Rev. du Laryngologie, d'Otologie, et de Rhinologie*.)

INSANITY.

Duboisine, gr. 1-120 to 1-80, injected subcutaneously in cases with great motor agitation, if restlessness be not simply a consequence of hallucinations and delusion. (MENDEL, *American Therapist*.)

INSOMNIA.

Chloralamid, gr. xv-xxx in powder (tasteless), or in alcoholic or aqueous solution. In acute infectious fevers of childhood: *R Chloralamid*, gr. iv; *liq. ammon. acet.*, fdr. ss; *sy. acacie, aqua*, aa q. s. ad fdr. ij. M. Sig.: For a child 3 years old, every 4 hours. (HERMAN D. MARCUS, *American Therapist*.)

KERATOSIS.

Of Palms and Soles. Soak parts in soda and hot water daily; when epithelium is sufficiently macerated, rub hard with pumice-stone. Then apply Unna's strong salicylic-acid plasters night and morning (to be worn throughout the 24 hours). (T. COLCOTT FOX, *Brit. Journ. of Dermatology*.)

KERATITIS, PHLYCTENULAR.

If only the phlyctenæ, without much inflammation, use *oint. of amorph., yellow oxide of mercury*, made with *benzoinated lard* (1-120); introduce ointment between lids night and morn. If not effectual, dust *calomel* into the eye and make massage of lid, 2 or 3 times a week. If much conjunctival inflammation, wash out eyes frequently with *sol. acid boric* (1-48), and drop in *sol. zinc sulphate* (1-1000), or of *silver nitrate* ($\frac{1}{2}$ or 1-1000), 2 or 3 times daily. Give internally *pil. calcii sulphidi* (compressed), gr. 1-100 every 3 hours. Also salt baths twice a week. (P. D. KEYSER, *American Therapist*.)

MANIA.

Acute Delirium of. *Morphia*, gr. $\frac{1}{2}$ - $\frac{1}{2}$, followed immediately by inhalations of chloroform for a few minutes. Repeat, if necessary. (F. CHURTON, *London Lancet*.)

MYCOSIS, NASO-PHARYNGEAL.

R Zinci chloridi, cryst., 95 pts.; *aq. destil.*, 50 pts.; *potass. iodidi*, 150 pts.; *iodi*, $7\frac{1}{2}$ pts. M. Sig.: Rub the affected parts with a brush dipped in the solution. (NABIAS and SABRAZES, *Rev. de Laryngologie, d'Otologie, et de Rhinologie*.)

MYXEDEMA.

One-eighth of a thyroid gland, in powder, given 2 to 7 times a week in lukewarm

beef-tea. (ARTHUR DAVIES.) One-half to one thyroid gland daily, eaten raw. (PASTEUR.) One-half a thyroid gland, three times a week, fried sufficiently to make it palatable. (CALVERT.) Equal parts of thyroid juice and glycerin and a 5-per-cent. aq. sol. of ac. carbolic. (dr. iss., equal to one sheep's thyroid). Give M. x-xv hypod.; or 4 times as much by mouth. (MURRAY, *Lancet*.)

NEURALGIA.

Functional. *R Exalgin*, gr. i-ij; *spts. chloroformi*. M. x; *aqua*, q. s. ad oz. j. M. Sig.: To be taken at one does. Repeat every four hours. (EDW. G. YOUNGER, *London Lancet*.)

Supra-Orbital. *R Ext. Gelsemii fld.* gtt. lxiv; *quinina sulphatis*, sc. ij; *aqua destil.*, foz. viij. M. Sig.: Commence six hours before the neuralgic attack and, shaking the medicine, take daily one tablespoonful every two hours until four doses are taken, each dose being followed by an acid drink, preferably lemonade or solution of citric or tartaric acid, sweetened. (J. F. GRIFFIN, *American Therapist*.)

ODONTALGIA.

Applications of static electricity (electric breeze) for ten or fifteen minutes at a sitting; repeat if necessary. (G. GATCHKOWSKY, *Rev. Internat. d'Electrothérapie*.)

OTORRHŒA.

Highly antiseptic solutions may affect cellular elements and thus do harm. Corrosive sublimate can, however, be used effectively and without danger, by combining as follows: *Corrosive sublimate*, 4 grains; *tartaric acid*, 15 grains; *water*, 1 quart. Very efficacious in rebellious otorrhœa and in the form due to syphilis. (POLO, *Annales des Maladies de l'Oreille, etc.*)

OTALGIA.

Chloral-camphor., 5 p.; glycerin., 30 p.; ol. amygd. dulc., 10 p. M. Sig.: Moisten a small pledget of absorbent cotton with this mixture and insert into the patient's ear. (Chloral-camphor is made by tritu-

rating equal parts of chloral and camphor in a mortar.) (*Le Progrès Medical.*)

PERTUSSIS.

Antipyrin is more efficient than *phenacetin*, *acetanilid*, and similar drugs. Diminishes number of paroxysms; severity also lessened. Six grains a day to infant, gradually increasing dose to 8 grains. (L. EMMETT HOLT, *New York Medical Journal*, July 1, 1893.) *Bromoform*, in doses of 1 or 2 drops, along with a little *alcohol* as a solvent, reduced frequency of paroxysms and their severity, in most cases. Fresh air of importance. (FRUITNIGHT, *ibid.*) *Digitalis* is of value to correct mechanical effects of paroxysms on pulmonic and systemic circulation, which become very irregular. Should be given as soon as facial œdema appears, the first sign of heart-strain, in doses of 1 minim for each year of life up to 3 years, and for older children in proportionate doses. (HENRY KOPLIK, *ibid.*) *Codeine*, 1-12 grain to a child of 2 years every eight hours. Considers opiates safe in young and delicate children if precaution taken to allow sufficient interval to elapse between doses. (J. E. WINTERS, *ibid.*) *Quinine* in large doses every night or night and morning, and *carbolic acid*, in form of spray and internally, useful in infants. Windows to be kept open all day, even in rainy weather, and at least one window at night. (SEIBERT, *ibid.*) *Boric-acid* solution to irrigate nasal cavities, and *antipyrin* at night, in severer cases. Plenty of fresh air. (A. CAILLÉ, *ibid.*) *Creasote* and *terebene* inhalations by means of ROBINSON'S inhaler. Fresh air. (J. LEWIS SMITH, *ibid.*)

PITYRIASIS.

Rosea. Ichthyol in paste or ointment, with menthol and warm baths to allay irritation. (HOLSTEN, *Brit. Journ. of Dermatology.*)

Versicolor. Losophan in solution (1 % to 2 %) or ointment (1 to 30). (SAALFELD, *Medical Bulletin.*)

POTT'S PARAPLEGIA.

On hypothesis that it is due to pachymeningitis and infiltration of surrounding structures producing compression, *iodide of potassium*, 10 drops of saturated solution one or two hours after meals, and rapidly increased to 50 or 60 drops three times a day. Milk best medium for administration. Patient to be kept in recumbent posture with perfect fixation of spinal column by means of a brace or plaster-of-Paris jacket. When disease located in upper dorsal or cervical region, continuous extension to be maintained by means of a band around the head or a jury-mast apparatus from chin to occiput. (S. E. MILLIKEN, *Buffalo Medical and Surgical Journal.*)

RHINITIS, ATROPHIC.

Pulverizations of *sol. argenti nitrat.* (5-25 %), or of *sol. zinci chloridi* (3-10 %), daily or on alternate days, as required. (E. J. MOURE, *Rev. de Laryngologie, d'Otologie, et de Rhinologie.*)

SCIATICA.

Absolute rest, together with acupuncture, repeated, if necessary, at intervals of a few days. The nerve should be pierced with a spear-pointed needle $2\frac{1}{2}$ inches long, about five times, over the parts where there is pain on pressure. At the same time any rheumatic or gouty tendency should be treated by suitable remedies. (E. V. GIBSON, *London Lancet.*)

TUBERCULOSIS.

Of the Skin. Subcutaneous injection of *sol. of iodoform* (10 %) in ol. olive, dr. ij for a dose; sublimate and arsenic internally; mercurial plaster locally. (EVE, *Lancet.*)

Pulmonary. Guaiacol, gtt. iv, 4 times daily, after meals and at bed-time, in sweetened water, milk, mild wine, or whisky and water. May also be inhaled from sponges on heated plate, or by mixing with water and applying heat. (A. JACOBI, *Notes on New Remedies.*) *Creasote* by rectum, in emulsion of almond and olive.

oil with yolk of egg, or in hydro-alcoholic solution, gr. ss gradually increased to gr. xv in 24 hrs. (T. GUIDA, *Notes on New Remedies*.)

Suppurative, of Bones and Joints. 1. Protect the joint in early and later stages, whether treated or not. 2. If suppurative area be limited, leave alone, if protective appliance is adequate. 3. Aspirate where abscess prevents proper adjustment of apparatus. 4. Simple incision in slight bone-lesions. 5. Excision of hip, when condition of patient and location and extent of abscess is favorable. 6. Expectant treatment best for knee- and ankle- joint in children. 7. If amyloid disease of the kidneys or liver threaten, or be present, amputate ankle in child; amputate at hip if thorough excision has failed. 8. In Pott's disease apply good-fitting splint to back, in preference to operation. (V. P. GIBNEY, *Medical and Surgical Reporter*.)

An Esmarch bandage being applied above the joint to control the circulation, the joint is erased, and any cavity in the bone is thoroughly cleared out and the hole carefully dried with sponges. Some *iodoform* is then washed with 1-in-20 *carbolic-acid lotion* and poured on to a piece of lint, and the latter is squeezed as dry as possible. It is then introduced in masses into the cavity in the bone and stamped firmly in, much as a dentist fixes a gold stopping in a carious tooth. When the cavity has been completely filled, the surface of *iodoform* is planed down level with the surrounding bone. This method has never been known by the author to fail. (W. ARBUTHNOT LANE, *London Lancet*.)

TONSILLITIS, CHRONIC FOLLICULAR.

At intervals of 8 days draw tonsil inward with blunt hook, incise several crypts, and extract contents by pressure. In the interval a gargle of borax for first day and of iodine afterward. (GAMPERT, *New York Therapeutic Review*, April.)

TORTICOLLIS.

When severe and protracted, the following operation is advised: 1. Make a small open incision over the sternomastoid, just above the clavicle, and then divide completely the two heads of the muscle and the sheath of fascia surrounding it, together with any contracted bands of fascia which can be felt; the skin wound is then closed with sutures and a compression pad applied. 2. During the narcosis the scoliosis is combated by continuous force applied so as to distend the contracted ligaments on the affected side, the ear of the opposite side being brought down so as to touch the corresponding shoulder. 3. A bandage is now applied in such a manner that the head is held in a position which is the reverse of the primitive scoliosis; that is kept on for 8 or 10 days, by which time the wound will have healed. The bandage is then removed and appropriate exercises commenced. Twelve cases treated, all completely cured. LORENZ, *British Medical Journal*.)

ULCER

Of Rectum. R. *Glycozone*, oz. j; water, lukewarm, oz. xij. Mix immediately before using, and administer with a hard rubber syringe once daily; also good in cases of fistula-in-ano. (CYRUS EDSON, *Times and Register*.)

Chronic. *Dermatol* dusted on in a thin layer. (WERTHER, *Deut. Med. Woch.*)

Syphilitic. Cleanse with *sol. hydrogen peroxide* (2 %), dry with absorb. cotton, and cover with cotton soaked in mixt. of *ac. carbolic* and *camphor* (1 to 2). Change dressing 2 or 3 t. daily. When surface becomes clean, dress twice daily, either with a mixt. (1 to 4) of *aristol* and *ol. vaselin*. or with eq. pts. of *dermatol* and *vaselin*; cover with *mercurial plaster* twice the size of ulcer. This is also good in simple ulcers, suppurating wounds, chancroids, and buboes. (V. T. SVETCH-KOFF, *Fratch*). R. Hydrarg. chlor. mit.,

zinci oxidi, āā gr. xv (1 grm.); petrolati, dr. vj; pulv. amyli. gr. xlv. M. ft. ungt. Sig.: Apply locally. (MAURIAC, *Medical Bulletin*).

URTICARIA.

Aperients, stomachic and bland diet. If obstinate, use soothing baths and apply glycerole of lead. *Antipyrin* internally. (STEPHEN MACKENZIE, *Brit. Med. Journ.*).

VAGINISMUS.

Thymolis, gr. iij; extracti belladonnæ, gr. xij potassii bromidi, dr. ss; olei theobromæ, dr. iv. M. et ft. suppositoria no. iv. Sig.: Use 1 suppository in obstinate case. (SINETY, *Ann. of Gyn. and Pæd.*)

VITILIGO.

Apply to affected parts, every night, ointments of sulphur (30 % to 50 %) or caustic soda (3 % to 5 %) until moderate dermatitis is produced. (SAALFELD, *Brit. Journ. of Dermatology*.)

VOMITING.

Nervous. *Strontium bromide*, gr. xxx in water t. i. d. (JOHN DOUGALL, *Brit. Med. Journ.*).

Of Pregnancy. R. *Tinct. iodii, chloroformi*, āā p. æq. M. Sig.: 5 drops in a little water before meals. (S. P. COTTRELL, *Cincinnati Med. News*.) Lavage of stomach with saline sol. (1 % to 2½ %) twice daily. (WEISS, *Centralbl. f. d. Gesamte Therap.*)

VOMITING OF ANÆSTHESIA.

Digital compression of the phrenic and vagus nerve against sternal end of clavicle.

The etherizer presses the last phalanx of the thumb firmly over the sternal end of the clavicle, the body of the thumb being parallel with the clavicle and the hand resting on the chest. The pressure is made with the radial side of the thumb. Pressure to be continued a few minutes after cessation of vomiting to prevent recurrence. (B. JOOS, *Korrespondenzblatt für Schweizer Aerzte*, No. 3, 1893.)

WORMS.

Ammonii embelate in doses of gr. iiss for children and gr. v for adults. (WARDEN, *Les Nouveaux Remèdes*.)

WOUNDS.

Dermatol, as dusting-powder. (WERTHER, *Duet. Med. Woch.*)

ARISTOL IN POISONING.

In a case of poisoning of the hands from *rhus toxicodendron*—poison oak—which had reached the vesicular stage, and was attended with much swelling and burning, the happiest results followed the free dusting of the powder of aristol on the affected parts. The change was almost magical, so sudden and so prompt was the relief afforded. Might not this powder, applied in the early stage of the disease, do much toward preventing the ulceration and pitting of variola?—*Med. News*.

[The hint is suggestive, and may equally apply to lacquer varnish poisoning (*Rhus Vernicifera*.—Ed.)

HOSPITAL REPORTS.

MISSION HOSPITAL AND DISPENSARY AT TIEN-
TSIN, LONDON MISSIONARY SOCIETY,
FOR 1893.

The above includes the statistics of itinerant work, dispensary and hospital. The physicians in charge report, "a steady and appreciable growth in the various departments of work," with the exception of a decrease of 231 in the number of new cases treated in the dispensary, accounted for by the floods of the preceding summer.

"Over 3,000 Gospels and Tracts have been bought by the patients, and some have professed faith in Jesus and been received, after due probation, into the Church."

In Tiu-liu, a market town on the Grand Canal where itinerating work is carried on "eight families have removed their household gods, and are waiting for Christian instruction."

Considering the present agitation on the opium question, it may be well to insert *in toto* the remarks upon opium smokers and opium smoking.

"Of the one hundred and more cases treated in the hospital during the past six years, we regret to say that the percentage of permanent cures is very small. The reason is obvious. The opium-smoker, professedly cured, returns to his former surroundings, it may be the shop or camp, and is at once exposed to innumerable temptations to resume the habit.

The cases treated in the wards, during the past year, were mostly soldiers, military officials, literary men, and a few tradesmen. We have had abundant opportunity of studying the effects of the opium habit on rich and poor alike, and, as the result of close observation extending over six years,

have no hesitation in affirming that its effects are unquestionably harmful, quite irrespective of the affluence or poverty of the victim. It is equally true that the baneful effects are more marked in the case of the poor, and that, given a strong constitution and a generous diet, the undermining effects on the constitution are often imperceptible to the casual observer; yet the pale "pasty" features, the ever increasing impaired vitality, rendering him specially liable to fevers and various other ailments, are matters of daily observation.

We have never yet treated a typical case, no matter how rich the patient was, where he did not own that the habit had injured his health."

Three cases of hopeful conversion in cases where eyesight had been restored, are calculated to cheer the heart of doubters. Of these one "upon returning home, removed the kitchen god from his house, and continued the worship of God. In the autumn, he returned for further treatment, and was baptized."

Of another it is said, "He was taken in, and, with God's blessing, left us with hope once more infused into his life, and rejoicing in the restored power of vision, and in the knowledge of God as his Saviour and Helper."

The third has the following history: "When he came to us, suffering from pannus and granular lids, and with greatly impaired vision, he had been living a wild dissipated life,—the scape-grace in his family. His whole life is now changed, and has been so for nearly two years."

A list of classified diseases follows. Operations performed: On the eye, 97; on the body generally, 105.

"G."

Dr. CHARLES F. JOHNSON sends in the Third Report of the Ichow-foo Dispensary.

Progress is encouraging always, but especially so in mission work. Dr. JOHNSON writes :—

“Although there is nothing startling to report in connection with our work there is, I am glad to say, a marked gain over 1892.

Not only is the number of patients greater and their confidence in the foreigner increased, but the number of those who ask especially to be told something of his doctrine and who ask for Christian books is quite noticeable.”

He reports two rare and interesting cases.

There were but two cases this year which are deserving of special notice, and they perhaps only, on account of their rarity. These were two cases of rhinoscleroma, one of ten years and one of six years standing. They were well marked cases both of them; the second especially being almost a typical case. The growth occupied about one-half the upper lip, the alae and septum of the nose, and extending back had involved the posterior nares and soft palate. These structures were of a dark red color, *firm and hard as wood*, slightly raised above the surrounding tissue, between it and which there was an abrupt and well marked boundary line. The nares were occluded and the growth was slowly extending back on the posterior walls of the pharynx. The first case, the one of ten years' standing, had broken down and was suppurating in several places.

A new physician has been added to the force, Dr. ANNA LARSEN and a call for new hospital dispensary buildings. “G.”

MEDICAL MISSIONARY SOCIETY'S HOSPITAL, CANTON, 1893.

From this interesting report we make the following extracts :—

The influence of this work has probably been even more beneficial than usual as a remarkable amount of sickness has pre-

vailed. Epidemics of typhoid fever appeared in various localities, also, the severer forms of malarial fever were more pronounced, many cases of which proved fatal.

The work in the wards has been carried on as usual, and with more convenience than formerly in the male department, as the recent addition to ward accommodation renders the proper classification of medical and surgical cases more easy.

The evangelistic work has been continued with good results, and the two hospital schools have been well patronized.

Of twenty-five additions to the 2nd Presbyterian Church, which is in connection with the hospital, eleven had been patients.

The summary of work in the Canton hospital, and in the dispensaries at Yeung-kong, Lien-chow, Sz-ui, Sz-pai-lau and Fati is as follows :—

Out-patients	57,179
In-patients	1,717
Surgical operations	2,553
Visits in homes	468

Considering the large number of lithotomies and lithotrities, sixty-two of the former and two of the latter, it may be useful to give entire the accompanying remarks :—

“This very important surgical affection has always occupied a prominent place in the work of the hospital; and a brief review of these cases for the past thirty-four years may be of interest. Fourteen hundred and eighty-three cases of vesical calculi have been operated upon, ninety-seven of which died. Lithotomy (generally lateral) was performed on eleven hundred and ninety-eight cases, while lithotritry was the operation on two hundred and eighty-five cases. Of the entire number, fifteen were females mostly under ten years of age. Two hundred and ninety cases were under ten years of age, while two hundred and seventeen were over fifty. Nearly one thousand of these cases can

from within a radius of sixty miles of Canton, few coming from other districts except the four districts to the south-west known as the 'Sz-yap,' where there were one hundred and ninety-five cases. From the city of Canton there are not many cases. The etiology of this affection is one that has caused discussion and considerable inquiry, but as yet without any very satisfactory results. It is only occasionally that it is met with among the better classes, the disease being most common among the very poor. The largest number of cases were farmers, and laborers, two classes which, in China, are subject to the greatest hardships and are perhaps more poorly clad and fed than any other. Of these there were seven hundred and forty-six cases or fifty per cent. of the entire number. Thanks are due to Dr. E. C. MACHLE, who for some years past has been living in the northern part of the Kwang-tung province, and has sent us some notes on this subject. He says: "I have seen quite a number of cases of vesical calculi but none of them would allow me to operate. While very few cases are found in Lien-chow and Sam-kong, further north and extending into Hunan province there are many cases. At Sai-ngon the people of that whole region use spring water freely and without boiling it. During a visit of six days at this place I saw many cases of vesical calculi in both children and adults. The Hunanese doctors have quite a practice among these patients,

charging thirty dollars for each case if it does not die." It should be remembered that in this great delta about Canton, where so many cases are met with, the Chinese rarely use water except after it has been boiled, and in the form of tea.

One of the most difficult operations was the removal of a cancer from the parotid space and from about the deep vessels of the neck, the external carotid artery being exposed and a large branch of the trifacial nerve which was involved in the tumor desever, thus causing temporary facial paralysis. The wound was left to granulate as the surface about the growth had been destroyed by Chinese escharotics previous to the patient's entry to the hospital. On the 14th day after the operation sudden and alarming hemorrhage set in from the external carotid artery, which required the immediate ligation of the common carotid artery about an inch below the bifurcation.

No complications arose from ligaturing this important vessel except a slight bronchitis, which finally subsided. The silk ligature which had been applied separated on the 10th day, and the patient made a complete recovery.

Reports from the different dispensaries are appended, telling the tale of much work accomplished. In the report of Dr. MARY NILES, it is gratifying to note the proficiency obtained by a native woman, in the management of difficult cases of midwifery.

NOTES AND ITEMS.

SOLUTIONS FOR CHARGING FIRE EXTINGUISHERS.

HUNKEL recommends the following as the best solution for charging hand-grenades or other similar forms of fire extinguishers: Make the following solutions in separate vessels: (1) 2 parts of ammonium chloride in 200 parts of water; (2) $3\frac{1}{2}$ parts of burnt alum in 100 parts of water; (3) 30 parts of ammonium sulphate in 50 parts of water; (4) 20 parts of cooking salt in 400 parts of water; (5) $3\frac{1}{2}$ parts of sodium carbonate in 50 parts of water; (6) 45 parts of water glass. Now mix these solutions in the order named, and while the mixture is still turbid and yellow add 200 parts of water. Let stand, and when the precipitate has subsided decant the clear liquid and fill into hand-grenades or bottles of thin glass.—*National Druggist*.

In lieu of the continuation of *Medical Notes for Non-Medical Readers* in this number of the Journal, we are permitted to make the following extracts from a paper entitled 'First Aid to the Wounded' read by Surgeon-Major E. HENDERSON before the Shanghai Volunteer Engineers and published in the *N.-C. Daily News*.

Dr. HENDERSON first speaks of wounds. We quote:—

"Most of you have heard of the antiseptic dressings which surgeons at the present day apply to wounds; let me try if I can make the principle on which these depend clear to you before we proceed to apply one. Of late years, as many of you know, the practice of surgery has made many important advances, not perhaps so much in the *technique* of operations, though this too has been improved on, but in the

management of wounds, the precautions with which they are inflicted, and the manner in which they are subsequently dressed. As a result of all this, the quick and painless healing of surgical wounds has now become the rule, their slow filling up by the granulation process as it is called, with all its attendant inflammation, pain, and constitutional disturbance is now the exception. The smells of decomposing wounds have almost disappeared from our hospitals; and cases of blood poisoning, which result as many of you know from the decomposition of wounds, are now of rare occurrence. Besides all this, the surgeon of the present day is able by his new methods to perform many successful operations which but a few years ago, with less knowledge, he dared not even have attempted. Surgeons will tell you that all this is due mainly to strict attention to cleanliness in dealing with wounds; and they will generally add that the perfect cleanliness of a wound can as a rule only be secured by the use of certain substances which are called antiseptics. Antiseptic surgery is clean surgery, but generally it is surgery made clean by the use of antiseptics, the chief of which is still a solution of carbolic acid, the solution contained in this bottle. Years ago when surgery was, so to speak, in its infancy, surgeons noticed a very great difference in the history of what they called a simple and a compound fracture. When a surgeon speaks of a fracture you know he means a broken bone. Now when a bone is broken, provided there is no communication made between the ends of the broken bone and the outer air, the fracture is called a simple fracture; when, however, one end of the broken bone, as sometimes happens, is driven through the

skin, or if in any other way, as by the passage of a bullet, a communication between the ends of the bone and the outer air is opened up, the fracture is no longer simple, it is now compound. The words explain themselves; simple fracture, bone alone broken and no air admitted, compound fracture, bone and skin both broken and air admitted. Well, the surgeons observed that the subsequent history of these two injuries was very different. In the case of the simple fracture, provided the ends of the broken bone were laid opposite one another and kept at rest, all went well. The patient perhaps suffered a little from the shock of the accident, he would have more or less pain, and some feverish reaction; but there the matter ended. The comparatively trifling constitutional disturbance was soon over, and from that time till the end, when the broken bone was once more firmly united, there was no further cause for anxiety. Very different was the history of the compound fracture. The surgeon laid the bones at rest, and he kept them at rest, and he dressed the skin wound as well as at that date he knew how; but by and by, and almost inevitably, the wounded soft parts inflamed, matter formed, the ends of the broken bone, bathed in decomposing discharges, refused to unite, bits of the bone died, and were discharged from the wound, even general blood poisoning sometimes followed, and in not a few cases if the patient escaped with the loss of his limb he was a man to be congratulated. We can do better than that now, thanks to antiseptics. The cause of all this difference in the behaviour of such apparently similar injuries as these two kinds of fracture seemed simple enough; it was contact with the air which did all the mischief. Air excluded by integrity of the skin, all went well; air admitted, all went wrong. This was true, but not all the truth. It remained for PASTEUR in France and Sir JOSEPH LISTER in England, the one

a man of science, and the other a scientific surgeon, to show to the medical world that it was not the air which did the damage, but the microscopic particles which the air contained, the fine dust which we see when a ray of light enters a darkened room, that set up decomposition in the wound, and all the unhappy consequences which decomposition in a wound entails. The discharges from recent wounds, the blood and watery oozing from the cut and torn vessels, is like the sweet wort in the brewer's vat which only awaits contact with the yeast plant to ferment. In the case of the wound, however, no yeast is needed; the viewless germs of the air are sufficient ferments for that. Keep your wound from contact with these, or destroy them by antiseptics as they fall, and all will go well. Let them have free access to your wound, and putrefaction, only another form of fermentation, is almost a certain result. This is the true explanation of the difference between simple and compound fractures. Practically, surgeons found it impossible to exclude air, and the germs which air contains, from their wounds—you can readily understand that—but practically they found also, and the credit of the first accurate teaching on the subject is due to LISTER, that they could apply certain substances to wash and dress wounds which would destroy these germs, or at least render them powerless to set up fermentative—putrefactive changes. These substances are called antiseptics, and the use of antiseptics is to favour the healing of wounds by preventing decomposition of their discharges. Antiseptics, as you might expect, are all substances which arrest fermentation in liquids outside the body. The chief in use at present are carbolic acid, salicylic acid, boracic acid and perchloride of mercury. Iodoform prevents the decomposition of discharges, but does not kill the germs as the others do.

Now after all this I have no need to warn you against the washing or compress-

ing of recent wounds with dirty hands, soiled rags, or dirty sponges in common use. In this box you will always find a sufficient store of antiseptic dressings for such accidents as a volunteer field-day or parade may bring with them. Here are clean sponges, absorbent cotton impregnated with salicylic acid, iodoform, and a solution of carbolic acid, all ready for use. One word about the carbolic solution before we use it. The solution usually kept by surgeons in stock, is made by dissolving one part of carbolic acid in twenty parts of distilled water—a 5 per cent. solution; but this solution though necessary for the thorough cleansing of some wounds is a little too strong for use on all occasions. If used as it is it will be found to act as an irritant on the skin of your hands. Dilute it by the addition of an equal quantity of clean water, boiled and filtered, or distilled water if you can get it, and use it generally as a 2½ per cent. solution. In this strength it may be applied to any wound freely, but of course in dressing a scalp wound you must take care not to run it into your patient's eye, it will still act as a decided irritant there. As a one in forty solution you cannot go wrong with it. The solution kept in this bottle is a one in forty solution, for it is not easy in a hurry to get really clean water to dilute the stronger solution. Always make sure you know the strength of the solution you are using, one in twenty or one in forty, never stronger, and very seldom weaker. Remember that the stock bottle on the surgeon's table is usually the strong 5 per cent. solution, and that he uses it as a rule diluted with an equal quantity of purified water. Always clean your own hands thoroughly before touching a fresh wound; of course on a field day in the middle of the country that will be out of your power; under such circumstances handle fresh wounds as little as possible. If you must handle them to stop bleeding

or bring the edges together before applying a dressing, dip your fingers first in the carbolic lotion; if this box is at hand you can at least always do that. The surgeon and his assistants now-a-days always clean their hands in this way before an operation; your only excuse now for being less careful will be that you have not the necessary means at your disposal.

And now to begin practical work, who will volunteer to act as a patient and represent a soldier with a wounded hand? (A mark with red ink made across the palm of a man's hand to represent a cut.) Here we have a severe cut across the palm of the hand. I have selected this as a good illustration of a simple incised wound. It involves division of the skin, and we will suppose is bleeding, though not yet profusely. Try first if simple compression will stop the bleeding. Apply pressure with your two thumbs, compressing the hand between the thumbs and the fingers, bringing the edges of the wound together, and raise the hand; in this position the blood gets into the arteries less easily and drains more readily from the veins. If you can stop the bleeding in this way, and you usually can, instead of your fingers which will soon tire, put on a pad above an antiseptic dressing and the work is completed.

Let us now suppose that in spite of simple outside pressure the bleeding still continues, and is now becoming profuse. You may now open the wound, and see if you can find one point from which red blood is welling up or jetting out. If you can find that, it is a divided artery, and perhaps if you compress this directly with the tip of the finger the bleeding will stop. If you want to see the bottom of the wound distinctly you must wash it out with a clean sponge or a piece of the salicylic cotton dipped in the carbolic lotion and well wrung out. Always remember to wring your sponge or your cotton well. Nothing annoys a surgeon more when he is looking for a spiriting artery than to have

his wound filled with water from an imperfectly wrung sponge. Wipe out the wound firmly and cleanly, and then look for the bleeding point. If you find it now, compress it directly, and if you are successful, you can presently substitute a piece of salicylic cotton of suitable size for your finger-tip, plugging the wound as it is termed. Let us suppose that this measure also fails. The wound is bleeding now very profusely, the patient is getting faint, he has evidently cut a large vessel. We must now pause and consider the bleeding a little more in detail. I remember, in the old days of my Police lectures, I had among my pupils an Irishman, a sergeant if I remember rightly, who had gone through a course of ambulance lectures at home, and held, I believe, a St. John's Ambulance certificate. I shall never forget how he used to bring us up all standing on occasions like the present. Now, if I had asked the sergeant to stop the bleeding in this wound, I know very well what he would have said and done. He would have come to attention smartly, and asked: "Ay you plase, sor, is the bleeding arterial or vamous?" Well, the sergeant's question would under the circumstances be a fair one, and before we go farther I think I had better answer it, or at least explain its importance. Venous bleeding of consequence is very rare; practically you will never be asked to stop it. If by extraordinary chance you are, you can always do it, and do it easily, by simple compression of the bleeding point; so your first act in the case of the wound under consideration would have succeeded. I have only once myself seen dangerous bleeding from a vein, the result of an accident, and that was in a horse; I have, however, seen it as the result of the surgeon's knife in operations on the neck among the large veins there. It is said that now and again an old lady or gentleman will drop down in the streets of London bleeding profusely

from a varicose vein in the leg, opened into by a chronic ulcer, but I have never seen a case of the kind myself. If you will allow me I will give you an idea of the circulation of the blood which admits of all this. The heart which you feel beating in your left breast is, as I dare say you all know, a hollow muscular bag which acts like a pump, and by its contractions drives the blood through the arteries of the body. Like all pumps—one has no need to tell engineers this—it is provided with valves, which, as long as they are in good order, allow of no backward flow. In the arteries throughout the body you recognise the strokes of the pump, the pulse you call it. When an artery is cut you again recognise the strokes of the pump in the jetting out of the red blood, or its rythmical upheaval in the bottom of the wound. After the blood has circulated through the body it is returned to the heart by the veins, and being deprived of its oxygen is now dark in colour. In the veins the flow is steady, the pump strokes are lost, and this is how that happens. Between the minute terminations of the arteries and the equally minute beginnings of the veins is interposed a whole system of vessels more minute still, called the capillaries. The tiny network of capillaries permeates every tissue of the body. When you blush or turn pale—I presume engineers sometimes do the first though very surely they never do the second—it is the capillaries in the skin of the face which are filled or emptied of blood. It is in these minute vessels that the strokes of the pump are diffused and lost. The blood is still red in the capillaries, and so I say red blood jetting or oozing from a wound is arterial or capillary bleeding; dark blood flowing steadily is venous bleeding, and with this last, remember, that practically you have little or no concern. To return to the patient. None of the means yet tried to stop the bleeding having succeeded, what do you propose to do now? If this were a regular ambulance class, and

I were to put the question, I know one of the answers I should get. I should be told to "compress the main artery of the limb." Now the answer is correct so far, but I am not going to occupy the little time left at my disposal in describing the position of the main arteries in the human body. You may read all that up for yourselves in ambulance text-books, of which there is an ample store in Shanghai. I am going to simplify it all, and tell you never to mind the main arteries, but to be satisfied to-night at least to know that with this simple elastic cord, tightly applied between the wound and the heart, you can stop any bleeding from a wound either in a leg or an arm. Two turns at least of the cord are necessary, one is not sufficient. No man can die of bleeding from wounds of this kind so long you are at hand with the contents of this box to back you. (Use of the elastic cord of various patterns demonstrated.) If you have no elastic cord, you must do the best you can with a handkerchief and twist that up with a stick, but a handkerchief is rather a poor substitute. If you do happen to remember that the main artery of the limb runs down the inside of the upper arm in a line with the inside seam of the coat sleeve you may put a pad on that point below the handkerchief, or make a knot on the handkerchief and put that over the line of the vessel; but if you cannot trust your memory—and memory will sometimes fail before the sight of quickly flowing blood—never mind the artery, but at once apply your circular pressure, and tighten the handkerchief well up. The india rubber cord needs no pad anywhere; the surgeons use it now-a-days in all their amputations and it is applied by them simply as I have applied it now—tightly, and firmly secured. How tightly will you apply it? Well, tightly enough to stop the bleeding. How long? Well, till the doctor comes. The cord could remain as we have it applied now for two hours or

more without doing any serious harm; but it can be slackened up from time to time if kept long applied to see how things are getting on. If the blood appears through the pad or escapes by its side, tighten up again; in any case leave the cord loosely round the arm for immediate use if required. And now to complete the work, we must, before dismissing our patient, place his wounded hand in a sling, using for that purpose one of the triangular handkerchiefs, of which you will always find an ample supply in the box.*

Article VII of the By-Laws *as amended* now comes into effect, so that the subscription to the Association is three dollars annually, commencing 1894, and includes the *Medical Missionary Journal*. Notice is further given that the payment of all monies must now be made to the Rev. G. F. FITCH, Presbyterian Mission Press, Shanghai.

Dr. IRA HARRIS writing from Tripoli, Syria, sends the following interesting communication to the editor of the *Medical World*† which we have pleasure in publishing at his request:—

MEDICAL PRACTICE IN SYRIA.

I have been requested by a number of your readers to write an article on "Medical Practice in Syria." It is difficult to so condense this subject as to fulfill the requirements of necessity imposed by you in your request that *all* articles to be printed in the *World* must be brief and to the point. In beginning I will say that the most discouraging obstacle that meets a medical man educated in the occident is the atmosphere of fatalism that hangs over Syrian society.

* To add to the general interest of the lecture, it must be borne in mind that Dr. HENDERSON from time to time practically illustrated many points with regard to dressings, bandagings, etc.—(Ed.)

† *The Medical World*, a Practical Medical Monthly, 1520 Chesnut St., Philadelphia, Pa. \$1.24 per year, including postage to China.

Everything is ordered; a man cannot escape from the decrees of a higher power. They give to a doctor no credit for skill manifested by him in his treatment of the sick. He gives medicine by the direct orders of an invisible power, and it is that power that makes the cure.

If a man does not get well, they never think to discredit the doctor's skill, it is not the will of God. So the most ignorant quack can ply his profession, and if he fails to cure, this fact is not attributed to want of skill, but it is the will of God. The query is why do they call a doctor? Because God must have an instrument to work through. After ten years' practice in Syria, I can say the medical side of the profession is very unsatisfactory. They say there is a remedy for every pain, a man can only know which particular remedy to give as it is imparted by God. If a man is ill, and he has an inclination to make use of a medicine, he should take it in the hope of its being predestined that it will cure him. This causes them to take a remedy that is decidedly harmful for him to take.

They must see a decided benefit at once, or they will refuse to take any more; you must listen patiently to every symptom, no matter how trivial. They may have had a pain ten years ago; if so, you must know of it; if you should show any impatience, and regard their story as of little import, they will cease to have any confidence in you; if you should prescribe for them they would refuse to take your medicine. This applies to the vast majority of the people. There are some who are intelligent, and it is a pleasure to treat them, but as I say in regard to the majority, their fatalism, superstitions and bigoted notions preclude a satisfactory practice among them.

In the coast towns and larger interior cities, where there are Europeans and natives who are educated either in schools managed by foreigners or by contact with the same class, the practice of medicine is more satisfactory.

It is the practice of surgery that impresses the native mind; this is something that they can see. An operation such as the removal of the opaque crystalline lens and gives a man sight after years of blindness lifts the skill of the doctor high above fatalism and superstition. Once let a doctor gain a reputation as a skilful operator and he can have just as much work as his inclination or strength will allow. The people are the best of subjects to operate on. They bear and recover from the most severe operation known to our art; they give you their fullest confidence, and are the most obedient and willing patients. It is touching what trust they have in a surgeon with a reputation. They are very temperate and frugal in all their habits. Diseases of the eye are very common; so are stone in the bladder, every known disease of the skin, including those of the west and some rarely met with there, such as leprosy and elephantiasis. Of systemic diseases there are malaria, typhus fever, cholera, rheumatism, small-pox, measles, erysipelas and diphtheria. Strange to say I have not seen a case of scarlet fever. Bright's disease, that bane of civilization, is seldom met with. The land is overrun with quacks who burn, blister, bleed and dose the people into their graves. The government requires every man who holds a diploma to appear before the medical board at Constantinople, and qualify, but these miserable quacks ply their profession unhindered. One reason, perhaps, is that the former settle down in one place and the officials can enforce the law, while the latter flit from place to place, traversing a long distance in a few months. Then they do not charge much for medical treatment, and they usually belong to the "Holy" class and carry in their persons the "odor of sanctity" gained at Mecca and Jerusalem and other shrines; this gives the people confidence in their power to heal their diseases. Time will do much to change this state of affairs. I see a gradual change, as the people mingle more and more with

foreigners, books and papers get into their hands, and the classes of doctors that are graduating annually from American medical colleges in Beyrout settle in the towns and villages throughout the land. In the future the land that gave to the world the first famous doctors, will again astonish the world by its progress in medical science.

THE OPIUM COMMISSION.

We have been requested to publish the following communication made by Dr. DONALD MORISON, of Rampore Banleah and addressed to Mr. HUGH M. MATHESON. Dr. MORISON says:—

I had gone down to Calcutta in order to give evidence before the Royal Commission on Opium, and generally to assist our party in any way I could. The evidence, as far as it has gone, is very much one-sided, as the Government and the Anglo-Indian press are doing all in their power to let only one side be heard. The number of witnesses brought forward by the government is overwhelming. Old native doctors who had retired from government service were hunted up and brought forward to bolster up the traffic. The medical witnesses, of course, enlarged upon the medicinal virtues of opium, which nobody ever called in question, and some of them made—especially those who felt their responsibility, as Dr. CROMBIE and other leaders on the government side—most damaging admissions. Dr. CROMBIE, who was put forward by the government of Bengal, said that the opium-smoking shops were demoralizing, and he thought they should be closed, and all the doctors (Europeans) who followed were asked if they approved generally of what Dr. CROMBIE had said, and they said they did generally. Dr. McCONNELL was wholly on our side, and so were one or two of the native medical men, although they were put forward by the government. I was, of course, much interested in the medical evidence as regards Lower Bengal

and Orissa, and was present when the medical men were given their evidence.

The evidence as regards Bengal went to show that only a very small percentage—one or two per cent.—of the people ate opium, and those were confined largely to elderly Hindoos and a few Mohammedans in well-to-do circumstances, and some tradesmen and house-servants. I had gone personally to Orissa to ascertain if the excessive use of opium in that province was due to its intensely malarious climate, but you may imagine my surprise when I found that Orissa generally, instead of being malarious, is a health resort—a sanitarium as compared with Lower Bengal. So much so, that families afflicted with malaria in Lower Bengal go there to get rid of it! The native government officials and others from Orissa put forward by the government did not mention even the malarial theory to account for the prevalence of opium-eating in Orissa. What now becomes of the malarial theory in Bengal and Orissa to which the government of India have committed themselves in their despatch of 14th October, 1891? In that despatch they say:—"It is only necessary to say that we regard the general facts about Bengal as, on the whole, satisfactory, when the enormous area and population are considered, and when, [further, it is recognized how large a proportion of the area consists of alluvial tracts, in which the use of opium by the people is not a vice or even a luxury, but to some extent a necessary of life." It is to be regretted that in the mass of evidence presented to the commission the real question at issue should be covered up by reiterations of facts regarding the medicinal use of opium, which no one even called in question. It seems to me that as far as Lower Bengal is concerned the government must do two or three things if it is to be guided by the evidence put forward by its own medical experts. 1st. The manufacture of chundul and madak must

be prohibited, and with that smoking becomes extinct; 2nd. The controlling the selling of opium as a poison so as not to offer facilities for committing suicide; 3rd. The removal of the coercive measures now indirectly used to induce the cultivators to cultivate opium. If the government wish to make the crop popular they must give a larger profit to the cultivator; but to do so would reduce the government profit very considerably, and in time almost obliterate the traffic as a reliable source of revenue. We have all been much struck with the wisdom of the choice of our party on the commission. Mr. Pease and Mr. Wilson are alive to the methods used by the pro-opium party, and a few pointed questions from Mr. Wilson often changes the whole evidence and reveals how ingeniously half-truths are passed off as whole truths, to the utter confusion of the witnesses. I have been more than surprised to find so many medical men in the service of government deliberately dragging in the malarial theory, and at the same time confessing that they themselves never prescribed opium either as a prophylactic or as a cure for malarious fever. That kind of evidence ultimately defeats the object in view, and only shows how ingeniously eager they have been to support a falling cause.

VACCINATION IN ANCIENT TIMES.

A correspondent of the *American Practitioner and News* writes that at a recent meeting of the Epidermiological Society of London Dr. PRINGLE called attention to the following passage, he had found in an ancient Hindu work, which he thought proved that vaccination was known and practised in India centuries before the birth of JENNER:—

“The small-pox produced from the udder of the cow will be of the same mild nature as the original disease, the pock[s] shall be of good color, filled with clear liquid, and surrounded by a circle of red. There will

only be a slight fever of one, two, or three days, but no fear need be entertained of small-pox so long as life endures.”

... The deacon's wife wanted to jot down the text, and leaning over to her scapegrace nephew she whispered: “Have you a card about you?” “You can't play in chapel,” was his solemn, reproving answer. And the good woman was so flustered that she forgot all about the text.—*The Presbyterian*.

Two different ideas in regard to missions seem to prevail as a result of the “Parliament of Religions,” which for seventeen days in September, attracted large audiences to its morning, afternoon, and evening sessions.

One idea is this: that God has revealed Himself equally well through Buddha, Mohammed and Jesus Christ: that “the spinal cord of missions has been cut,” and that the American people are beginning to see their folly in trying to convert a world, which they have heretofore called “heathen.” This view is held largely by people who have previously had little interest in missions, either foreign or city.

The other opinion is this: that the oriental religions, while magnifying “love to man” as the supreme religious purpose, still fail to present as satisfactory results attained in this direction, as the Christian religion presents. Thus they fail when measured by their self-imposed standards.—*The Student Volunteer*.

MONKEY OR MAN.

A basket was recently found with what appeared to be part of the remains of a human being, which presented the appearance of being quite fresh. Examined by the local medical authorities they were, according to the *Madras Times* of December 15th, 1893, pronounced to be parts of a female child between 4 and 5 years of age; furthermore, the intestines were said to be

diseased, and the child to whom they belonged to have been alive some four hours previous to the finding. Subsequent inquiry discovered that what was found in the basket was left of an "orang outang," about 4 feet high, which had been killed by a Chinaman for its skin.—*British Medical Journal*.

A Chinaman in Swatow (a non-Christian) has given \$1,500 towards the cost of a woman's ward in connection with the medical work of the English Presbyterians in that city.

MEDICAL MISSIONARIES IN AFRICA.

Captain LUGARD's recent book* is replete with references to the Scottish and other medical missionaries he has met in Eastern Africa. The captain offers his testimony in a non-partisan way, since he does not admire all members of the missionary profession, but he freely admits that "he did not meet one Scotch missionary in Nyassaland whom he did not esteem. He has nothing," says a contemporary, "but praise for them and their methods. He considers that a missionary must, above all things, be a gentleman, 'for no one is more quick to realize a real gentleman than the African savage.'† The captain evidently means both the spirit and manner of living of the missionary, and, of course, not anything in a merely conventional sense, as he adds that the dwelling-house of the missionary should be as superior to those of the natives as he himself is superior to them." The following citation from his book is the clearest statement made by an outsider that we have read touching the scope of medicine in the mission field. Captain LUGARD says: "Beyond doubt, I think, the most useful

missions are the medical and the industrial, in the initial stages of savage development. A combination of the two is, in my opinion, an ideal mission. Such is the work of the Scotch Free Church on Lake Nyassa. The medical missionary begins work with every advantage. Throughout Africa the ideas of the cure of the body and of the soul are closely allied. . . . As the skill of the European in medicine asserts its superiority over the crude methods of the medicine man, so does he in proportion gain an influence in his teaching of the great truths of Christianity. He teaches the savages where knowledge and art cease, how far natural remedies produce their effects, independent of charms or supernatural agencies, and where divine power overrules all human efforts. Such demonstration from a medicine man, whose skill they cannot fail to recognize as superior to their own, has naturally more weight than any mere preaching. A mere preacher is discounted and his zeal is not understood. The medical missionary, moreover, gains an admission to the houses and homes of the natives by virtue of his art, which would not so readily be accorded to another. He becomes their adviser and referee, and his counsels are substituted for the magic and witchcraft which retard development."

A FINE OLD GORGONZOLA.

Some one has been at pains to furnish the Sanitary Record with an analysis of a fine old gorgonzola cheese. It is found that this unsavoury mess so esteemed as a great delicacy is nothing else but a combination of the mould or fungus known as penicillium glaucum, together with a choice assortment of maggots, fatty acids, bacteria more fungi and insect eggs. This seems to be the composition which is supposed to tickle the palate of some individuals. We wonder there are not cases of ptomaine poisoning to serve as a lesson to those who affect this article.

* *The Rise of our East African Empire: Early Efforts in Nyassaland and Uganda.* By Captain F. D. LUGARD, D. S. O., etc. Two volumes. Blackwood, 1893.

† Some years ago we were asked by an Indian chief (N. W. America) whether So and So was "a gentleman in his own country."—Ed.

SURGICAL HINTS.

Some native methods of treating surgical disorders have come under notice recently. One woman, who had been advised to enter the hospital for the removal of hemorrhoids, took the case in hand herself, and clipped off the offending excrescences with the scissors.

Another woman with red, inflamed eyes sat down in front of me in the consulting room, and with a nudge called my attention to her case. Taking a bit of horse hair from some receptacle, she raised up the upper lid and passed it down through the canaliculus to show me that the lower passage was obstructed. If she had been as faithful in submitting to the foreign probe, as she was bold in operating on herself, she might have been speedily relieved, but she passed from under observation.

“G.”

A physician writes to the *Medical Press and Circular*, to know whether the thyroid of any animal would do with regard to the treatment of myxedema and psoriasis. [It sounds more like witchcraft than 19th century science to see such evidences of credulity as are witnessed every day by the vaunting of different parts of animals for the cure of special diseases. We smile when we read the fashionable prescriptions of hundreds of years ago, which include such articles as parts of a dog's foot, leg of a black spider, skin of a frog, etc., but are we really very much in advance of our ancestors when we gravely eat “a ragged bit of flesh like liver, about the size of a rabbit ear” as it has been described, with the firm belief that it is going to cure a case of inveterate psoriasis? If people with psoriasis would pay more attention to their diet, eat less meat, drink more water and breathe more good air, they would more likely be cured than if they ate an unlimited quantity of thyroid glands. At times demands for these so called

‘Physiological Extracts’ border so closely on the ridiculous that it is often difficult to tell whether the writer is serious or facetious—for instance we lately read of an application for *rooster's semen*.—ED.]

WANTED.

A physician to travel with medicine company to lecture; experience not necessary: prefer one who can play organ; a steady, pleasant and lucrative position offered. Address, etc.—*Philadelphia Press*, 11th Dec., 1893.

We are pleased to understand from Dr. DOUTHWAITE that the results of his CREOLIN treatment in LEPROSY have proved so gratifying that he purposes opening a leper hospital this year, so as to give the treatment more thorough trial. We are without authority as to who first advocated QUININE in the local treatment of ULCERS, but having used cinchonidine now for some few months past we can report excellent results—the wound is first thoroughly sprayed with warm permanganate solution, dried, packed with cinchonidine then finely shredded oakum pad, and closely bandaged. Our patients have repeatedly now remarked upon the new medicine.

ROYAL COMMISSION ON OPIUM.

We republish the following questions regarding opium consumption and opium revenue in China, for the benefit of those who may not have received a copy of the same. H. B. Majesty's Minister invites all who are in any measure conversant with any part of China in which opium is grown or consumed to report thereon. Although the answers now submitted may not be in time to be incorporated with the general mass of commission evidence, still we shall be happy to forward them:—

(1) Is opium commonly consumed by the Chinese in the part of China with which you are acquainted?

(2) What proportion—should you conjecture—of the adult males of each race are consumers? Do women consume opium to any extent? Do children?

(3) What have you observed to be the effects of opium, moral, physical, and social, on its consumers? Is the effect the same on consumers of each race, or can you draw distinctions between the effects on consumers of different races? Is there any difference between the effects of Indian and Chinese grown opium?

(4) Do consumers chiefly smoke or do they eat opium? or do they drink a decoction of opium? If opium is taken in two or all of these forms, can you distinguish between the effects of each?

(5) What are the proportions of those who use opium—

(i) without injury;

(ii) with slight injury;

(iii) with great injury ("opium sots.")

(6) Is it correct to say that there cannot be such a thing as moderation in the consumption of opium? Do you know any or many cases of consumers who have taken their opium for years without harm to themselves? If so, please give description of one or two such cases in detail. If you know any, or many, cases of great injury, give examples.

(7) Do a majority of the labourers, or of the merchants, or of the artisans, of the part of China with which you are conversant, consume opium? If so, what is generally the effect of the opium habit on their efficiency in their calling?

If possible, give details and examples in reply to this question.

(8) How does the use or abuse of opium among the races of that part of China with which you are conversant compare with the use or abuse of alcohol among such races, in regard to the effect on consumers?

(9) Is the habit of consuming opium condemned as degrading, or injurious, by the general opinion of the Chinese? How

would they regard the opium habit as compared with the alcohol habit.

(10) Can and do opium consumers break themselves of the opium habit?

(11) If the supply of Indian opium were to be cut off, what would be the effect on opium consumers, and on the population of your neighbourhood? Would they resort to Chinese grown opium? or would they take to alcohol or to some narcotic other than opium? or would they abstain altogether?

(12) Do people of European race contract the opium habit in any numbers? If not, why not? And what makes Asiatics more liable to contract the habit?

(13) How are opium consumers led to use the drug? Is opium, within your knowledge, a prophylactic against fever, or rheumatism, or malaria? Or is it so regarded commonly by the inhabitants of the part of China with which you are conversant?

(14) Do opium consumers themselves usually desire to get free of the opium habit?

(15) Is there among the Chinese in the part of China with which you are acquainted, any wish that England should not allow opium to be exported from India?

(16) By what classes of persons and in what provinces or districts of China is Indian opium usually consumed, and how far does Chinese grown opium compete with Indian opium in the provinces or districts in which the two kinds are readily obtainable?

(17) What will be the probable consequences of the prohibition or restriction of the export of Indian opium—

(a) on the consumption of opium by the Chinese;

(b) on the cultivation of the poppy and production of opium in China;

(c) on the arrangements made by the Chinese government for raising a revenue from opium.

(18) Can you give any estimate of the area now under poppy in the several provinces of China and the average annual outturn of opium?

(19) What revenue does the Chinese government derive from opium, and how does the taxation levied on Indian opium compare with that levied on opium produced in China?

(20) Have you any other remark to make in regard to opium consumption among the people around you?

A very curious and significant remark fell the other day from the lips of an educated Chinaman, *à propos* of the well-known resemblances between certain of the observances of Buddhism and Christianity.

Being in the foreign settlement of Shanghai, in company with an English friend, he expressed a wish to visit the Cathedral. Accordingly the doors were opened, and the two gentlemen walked in. At last, after noticing the stained glass windows, the altar, the organ, and the font, the Chinaman took up his position in front of the pulpit, from the cushion of which hung a silken fall, inscribed with the sacred monogram I H S arranged in cypher. His attention was immediately aroused, and calling the English gentleman to his side he asked him how it was that a Buddhist symbol was permitted in a Christian Church?

His companion was naturally somewhat perplexed, and requested an explanation. "There," said the Chinaman, pointing to the letters, "that is what I mean. That is the sacred symbol of Buddha, and has been so from an immemorial time. In China it is written thus 卐!"—*Occasional Papers on Chinese Philosophy*, by Chaloner Alabaster.

[Points of similarity between Christianity and Buddhism have been accentuated by many authors, and very naturally too, when so many Buddhist and Roman Catholic rites are so strikingly alike. But it is simply impossible to refer these symbols of Christianity and Buddhism to a common

source. We admit we can find no authority for the symbol referred to, but if we take the Tsi Ratna outline, as a personal embo-diment, since it is symbolical of the essence of Buddhism (the three precious symbols of the faith) we fail to see any likeness whatever between them and the symbolical character we copy. Then again I H S or I H S is taken from the Greek Ι Η Σ meaning ΙΗΣΟΥΣ (Jesus) the long e (H) being mistaken for a capital H and the dash perverted into a cross. *Jesus Hominum Salvator* is simply a Latin anagram and dates from 1347.—Ed.

RECEIVED WITH THANKS.

Notes on the Malarial Fevers, met with on the River Niger (West Africa). By W. H. CROSSE, Principal Medical Officer, Royal Niger Company, Chartered and Limited. London: SIMPKIN, MARSHALL, HAMILTON, KENT & Co., Ltd.

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Report of the Neerbosch Hospital at Sio-ke, China. July 1892-1893.

Sixth Annual Report of the Chi-chou Medical Mission, L. M. S. December 31st, 1893.

Report of the Medical Missionary Hospital, at Fatshan. Wesleyan Missionary Society, 1893.

"*A Case and not a Case.*" By Dr. LUCY HOAG.

Review and Hospital Statistics from Dr.

J. B. NEAL.

Report of the Moukden Women's Hospital
in 1893.

BIRTH.

At Hsin-chên, Honan, 28th Dec., 1893,
the wife of Dr. J. FRAZER SMITH, Canadian
Presbyterian Mission, of a daughter.

DEATH.

At Peking, 10th Jan., 1894, FLORENCE
DAVIS CURTISS, wife of Dr. W. H. Curtiss,
of the Meth. Epis. Mission.

ARRIVALS.

At Shanghai, Dec. 2nd, F. M. ROYALL,
M.D., of the Southern Bapt. Gospel Mis-
sion, for Shantung.

At Shanghai, 26th Dec., S. P. BARCHET,
M.D. (returned), of American Baptist Mis-
sion, for Kihwa.

At Shanghai, Feb. 20th, J. B. WOODS,
M.D., and wife, for Southern Presbyterian
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DEPARTURE.

From Shanghai, 24th March, Dr. and
Mrs. J. R. WATSON and family, English
Baptist Mission, for England.



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
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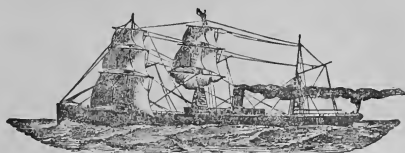
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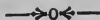
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